

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim      ☒ Final

**Date of Report**    March 10, 2019

### Auditor Information

<b>Name:</b> Aaron Keech	<b>Email:</b> akeech37@gmail.com
<b>Company Name:</b> JAK Correctional Consulting Services LLC	
<b>Mailing Address:</b> P.O. Box 331	<b>City, State, Zip:</b> Wiley Ford, West Virginia 26726
<b>Telephone:</b> 301-876-3299	<b>Date of Facility Visit:</b> January 22-24, 2019

### Agency Information

<b>Name of Agency</b>		<b>Governing Authority or Parent Agency (If Applicable)</b>	
Alabama Department of Youth Services		Alabama Department of Youth Services	
<b>Physical Address:</b> 1000 Industrial School Road		<b>City, State, Zip:</b> Mt. Meigs, Alabama 36057	
<b>Mailing Address:</b> P.O. Box 66		<b>City, State, Zip:</b> Mt. Meigs, Alabama 36057	
<b>Telephone:</b> 334-215-3800		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:**    The mission of the Alabama Department of Youth Services is to enhance public safety by holding juvenile offenders accountable through the use of institutional, educational, and community services that balance the rights and needs of victims, communities, courts, and offenders. DYS believes that communities will be safer and youth will be more likely to succeed if services designed to meet the needs and strengths of youth and their families are provided locally, in non-institutional settings.

**Agency Website with PREA Information:**    [www.dys.alabama.gov](http://www.dys.alabama.gov)

### Agency Chief Executive Officer

<b>Name:</b> Steven P. Lafreniere	<b>Title:</b> Executive Director
<b>Email:</b> steven.lafreniere@dys.alabama.gov	<b>Telephone:</b> 334-215-3800

Agency-Wide PREA Coordinator			
<b>Name:</b> Robert (Bobby) Latham		<b>Title:</b> DYS PREA Coordinator	
<b>Email:</b> bobby.latham@dys.alabama.gov		<b>Telephone:</b> 205-838-5010	
<b>PREA Coordinator Reports to:</b> Steven P. Lafreniere, Executive Director		<b>Number of Compliance Managers who report to the PREA Coordinator</b> 3	
Facility Information			
<b>Name of Facility:</b> Mt. Meigs Campus			
<b>Physical Address:</b> 1000 Industrial School Road, Mt. Meigs, Alabama 36057			
<b>Mailing Address (if different than above):</b> P.O. Box 66, Mt. Meigs, Alabama 36057			
<b>Telephone Number:</b> 334-215-3800			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b> The mission of the Alabama Department of Youth Services is to enhance public safety by holding juvenile offenders accountable through the use of institutional, educational, and community services that balance the rights and needs of victims, communities, courts, and offenders. DYS believes that communities will be safer and youth will be more likely to succeed if services designed to meet the needs and strengths of youth and their families are provided locally, in non-institutional settings.			
<b>Facility Website with PREA Information:</b> www.dys.alabama.gov			
<b>Is this facility accredited by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Facility Administrator/Superintendent			
<b>Name:</b> Bridget McDonald		<b>Title:</b> Campus Administrator	
<b>Email:</b> bridget.mcdonald@dys.alabama.gov		<b>Telephone:</b> 334-215-6000	
Facility PREA Compliance Manager			
<b>Name:</b> R. MaChea' Jones		<b>Title:</b> PREA Compliance Manager	
<b>Email:</b> machea.jones@dys.alabama.gov		<b>Telephone:</b> 334-604-4233	
Facility Health Service Administrator			

<b>Name:</b> Dr. Chandler Muller D.O.		<b>Title:</b> DYS Medical Director	
<b>Email:</b> cmuller35@gmail.com		<b>Telephone:</b> 334-801-9100	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 161		<b>Current Population of Facility:</b> 142	
<b>Number of residents admitted to facility during the past 12 months</b>			161
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>			154
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			160
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	13-21 years of age		
<b>Average length of stay or time under supervision:</b>			One year
<b>Facility Security Level:</b>			Maximum
<b>Resident Custody Levels:</b>			Secure Juvenile Correctional Facility
<b>Number of staff currently employed by the facility who may have contact with residents:</b>			286
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>			43
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>			60
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 30		<b>Number of Single Cell Housing Units:</b> 8	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0	
<b>Number of Open Bay/Dorm Housing Units:</b>		3	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		6	
<b>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.):</b>  The Alabama Department of Youth Services Mt. Meigs Campus facility has over 279 facility cameras. These cameras are located in all the housing units, indoor recreation, medical wing, school wing, all hallways, processing/ intake, holding cell, front entrance, master control, visitation area, school, kitchen, facility perimeter, post areas, and upper and court levels. The video surveillance system has a maximum retention of thirty-five (35) days. The agency limits access to the video surveillance system only to the Special Investigation Unit, Executive Staff, Facility Administrators, and the PREA Coordinator. Cameras are prohibited in the shower areas and inside resident rooms.			

<b>Medical</b>	
Type of Medical Facility:	Infirmery (On-Site)
Forensic sexual assault medical exams are conducted at:	One Place Family Justice Center/Lighthouse Counseling Center
<b>Other</b>	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	60
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

# 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 PREA audit of the Mt. Meigs Campus was conducted by single auditor, J. Aaron Keech, US DOJ Certified PREA Auditor. The PREA audit of the Mt. Meigs Campus, ("The Facility"), operated under the governing authority of the Alabama Department of Youth Services ("The Agency") was scheduled for three days, January 22-24, 2019. The on-site audit phase began on the morning of Tuesday, January 22, 2019 at the facility's D&E Administrative Building on the Mt. Meigs Campus located at 1000 Industrial School Road, Mt. Meigs, Alabama. Later that morning, agency level interviews were conducted with Executive and Administrative Services staff located at the Administrative building outside the facility's secure area. The remainder of day one and the remaining two days were conducted on grounds at the facility and concluded on Thursday, January 24, 2019.

In October 2018, the Alabama Department of Youth Services requested proposals for qualified persons to conduct PREA audit services for the Mt. Meigs Campus, juvenile correctional facility, by a person or entity qualified to perform such services. This Auditor submitted a clear and concise proposal outlining minimum qualifications, experience, references, and fee for services. The proposal deadline was October 22, 2018 with an anticipated award date by October 26, 2018. On October 25, 2018, the Agency contacted this auditor, who was awarded and selected to perform the PREA audit for Mt. Meigs Campus. In November 2018, a professional contract between Alabama DYS and JAK Correctional Consulting Services LLC was signed by all relevant parties.

The Mt. Meigs Campus facility underwent their first PREA audit on April 18-19, 2016 by Robert Lanier of Diversified Correctional Services. In the Final Report dated May 17, 2016, the Mt. Meigs Complex was certified as compliant with the PREA standards.

### Pre-Audit Phase:

During the Pre-Audit phase, on November 15, 2018, the facility received instructions both in English and Spanish to post the required PREA Audit Notice for confidential communications before December 11, 2018, six weeks prior to the on-site phase. On December 10, 2018, the Auditor received photographs indicating the required audit notices were posted in various locations throughout the facility. The notices were posted in color with decent sized text, both in English and Spanish versions. The audit notices explained that correspondence would be treated as legal mail to ensure confidentiality and privacy. Throughout all of the audit phases, this auditor did not receive any communication from the facility or agency staff or residents as a result of the posted notices. On December 31, 2018, three weeks before the on-site visit, the Pre-Audit Questionnaire along with supportive (documentation) was received by the

auditor to review. The auditor wishes to extend his appreciation to the Agency Executive Staff, PREA Coordinator, facility PREA Compliance Manager, Facility Administrative staff and employees of the Alabama Department of Youth Services for their professionalism, hospitality, and kindness.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet research, policies and procedures review, and additional supportive documentation. The information necessary for the audit was provided on a secure USB flash drive and this format enabled the auditor to easily review relevant information. Each standard was set up to include a folder labeled "Protocols," which included the agency's policies and procedures and "Process Indicators" folders outlining the agency or facility's supporting documentation. Additional folders included agency policies and procedures, Agency Mission Statement, and daily population reports for the past twelve (12) months. The results of the Pre-Audit Questionnaire and supporting documentation review were shared on an issue log with the PREA Coordinator and facility Compliance Manager. The auditor requested minimal documentation relating to procedures and clarification with facility and agency operations. Additional requests for information were exchanged throughout the pre-audit phase. The requested information was provided to the auditor in an efficient manner. Phone conversations were conducted and emails exchanged with the agency PREA Coordinator and the facility Compliance Manager to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explaining the audit process, establishing goals and objectives and setting timelines and milestones. On January 18, 2019, the auditor received the staff roster, staff schedule for random and specialized staff for the three (3) on-site audit days. The auditor was also provided a complete resident roster by name, date of birth, race, housing unit, county of residence, probation officer, and facility case manager. Lastly, the PREA Compliance Manager provided a list identifying targeted resident interviews. The auditor contacted Just Detention International to inquire if that Agency or Facility had received any information regarding the facility. A check of their records showed no complaints on file regarding the Alabama Department of Youth Services. The Alabama Coalition Against Rape organization was contacted as well, which resulting in no reports or complaints regarding the agency and facility. The auditor conducted internet research regarding the facility by searching the internet for any Department of Justice involvement, litigation and federal consent decrees, BJS data, local oversight bodies, and news articles resulting in no findings related to sexual abuse or sexual harassment.

#### **Outreach to Outside Advocates:**

The auditor contacted and interviewed staff from the Lighthouse Counseling Center, an organization that operates twenty-four (24) hours, seven (7) days a week providing sexual assault forensic exams. Staff indicated that they provide their services to residents free and in a confidential manner. They also provide a hotline for residents to contact them to report sexual abuse or sexual harassment or to access an advocate who will meet and accompany them during the forensic examination. The staff at both organizations reported that they have not received a call on the hotline from any resident during the past 12 months. In addition to providing SAFE/FNE examinations, Lighthouse Counseling Center provides victim advocate services to deal with sexual trauma that occurred within the facility. They also provide and offer follow-up if the resident requests them. Victim advocates are available twenty-four (24) hours a day and can respond on weekends. The victim advocates are required to complete forty hours of advocacy related trainings.

## **On-Site Phase:**

Day one of the on-site audit phase began on Tuesday January 22, 2019, at approximately 9:00 a.m. The entrance conference took place at the facility's D&E Administrative Building on the Mt. Meigs Campus located at 1000 Industrial School Road, Mt. Meigs, Alabama. The entrance meeting was held and attended by the Deputy Director of Institutional Services, PREA Coordinator, Agency Treatment Coordinator, two Campus Administrators, Registered Nurse Supervisor, PREA Compliance Manager, and facility Program Specialist. After introductions, a discussion about the audit process, and an explanation of the audits logistics were completed, based on staff scheduling the auditor began conducting specialized staff interviews (based on staff scheduling) with the two Campus Administrators and the Registered Nurse Supervisor. Later that morning, agency level interviews shifted to the Administrative building located outside the facility's secure area. Specialized interviews were conducted with Executive Assistant to the Director, Agency Contract Administrator, Administrative Investigator, Agency Treatment Coordinator, General Counsel, Human Resources Manager, and Advocate Representative. After the specialized interviews in the Administrative Building concluded in the Administrative Building, transportation arrangements were made back onto the secure grounds where the auditor completed the facility level specialized staff to include Intake and Screening staff and one volunteer and contractor interviews. The first day concluded by interviewing random staff from second shift.

On Wednesday January 23, 2019, the second day of the on-site audit, the auditor began interviewing third shift (night shift) random staff at approximately 5:00 a.m. After third shift staff interviews were conducted, the remaining first and second shift random staff interviews were completed. A total of fourteen (14) random staff interviews covering all three work shifts were completed.

Thereafter, twenty-three (23) resident interviews were conducted comprised of ten (10) random residents and ten (10) targeted residents. On day two of the on-site, there were two (2) residents with a cognitive disability interviewed, and one (1) resident with a physical disability. There were two (2) residents interviewed who identified as lesbian, gay, or bisexual, four (4) residents who reported sexual abuse, and two (2) residents who reported sexual victimization during the risk screening process while three (3) residents declined to be interviewed by this auditor. There were no residents who identified as transgender or intersex and none who were blind, deaf, or hard of hearing, or spoke with limited English proficiency.

The second day concluded by taking a facility tour with the PREA Coordinator and facility Compliance Manager. The facility tour included the eleven (11) living units including the following: Trustee Hall housing general population youth, Thagard Hall housing general population youth in two dormitories, Harris A and B and Booker Hall, housing Accountability Based Sex Offender Program (ABSOP) youth, Phyfer A and B housing general population youth, Chemical Addiction Program that also houses general population youth and the Intensive Treatment Unit. The tour also included the LB Wallace School, Case Managers' Offices, the CAPS Assessment building, and three ABSOP Buildings housing the focus team area, therapists' offices, interns, psychologist's office and classrooms, the Dining Hall, Gymnasium, Chapel, and D&E Administration Building.

On Thursday, January 24, 2019, day three of the on-site audit began at 8:00 a.m. by finishing up one (1) random resident interview and interviews with two (2) residents who reported sexual abuse. Specialized

staff interviews concluded with the PREA Coordinator, facility Compliance Manager, Medical Staff, and a Teacher. Random file reviews of medical and residential files and additional documentation were completed as well. After all interviews were completed, the second phase of the facility tour began covering the remaining areas, including the brick masonry and welding vocational buildings, the supply building, Boys Club building, Holloway Hall, and the Pre-Release Unit buildings. The afternoon concluded by relocating to the main Administrative Building for additional investigative documentation and camera review with the investigative staff. Lastly, the exit conference was held with the Agency's Executive Director, Executive Assistant to the Director, Deputy Director of Institutional Services, PREA Coordinator, Agency Treatment Coordinator, two Campus Administrators, and the PREA Compliance Manager.

The auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. Based on the findings during the Pre-Audit and On-Site Audit phases, the auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and residents, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in a final report. After further review it was discussed that additional documentation was required for five (5) standards and it was determined this information would be sent to this auditor within the forty-five days to be compliant with all the PREA standards. The requested information was sent to this auditor by the PREA Coordinator and PREA Compliance Manager prior to the submission of this report. This auditor reviewed all requested information and this facility is in full compliance with the PREA standards.

#### **Tour:**

In two phases during the second and third audit days, the auditor completed a guided tour of the entire detention facility with the PREA Coordinator and PREA Compliance Manager. The first phase began by covering the eleven (11) living units including the following: Trustee Hall housing general population youth, Thagard Hall housing general population youth in two dormitories, Harris A and B and Booker Hall, housing Accountability Based Sex Offender Program (ABSOP) youth, Phyfer A and B housing general population youth, Chemical Addiction Program that also houses general population youth, and the Intensive Treatment Unit. The tour also included the LB Wallace School, Case Managers Offices', the CAPS Assessment building, and three ABSOP Buildings housing the focus team area, therapists' offices, interns' office, psychologist office and classrooms, the Dining Hall, Gymnasium, Chapel, and D&E Administration Building. In the second phase, day three, concluded with the tour of the brick masonry and welding vocational buildings, the supply building, Boys Club building, Holloway Hall, and the Pre-Release Unit buildings.

The following observations were noted during the tour:

- As required by the auditor, On-Site Audit notices of the PREA audit were posted throughout the facility in areas where the public have access, and all living units
- Grievance Boxes were posted in designated areas throughout the facility and forms were accessible to residents.
- The facility has no segregated or isolation rooms/cells.



- A wide variety of PREA Posters were observed throughout the campus, living units, and program areas. The posters were attention grabbers with distinct graphics covering many topics for both staff and residents.
- Posters showed how residents can make reports of sexual abuse; ways to report sexual abuse were posted throughout on the facility.
- The resident's files are kept in secure area.
- PREA information is posted and is available in Spanish and English to include reporting information.
- The cameras do not have a line of sight into residents' rooms, or the toilet and showers.
- Cameras were placed strategically throughout the facility in areas to reduce blind spots.
- Telephone test call was completed to verify the reporting system. Postings are located by the telephones identifying the hotline name, number, and the purpose to report sexual abuse and offer outside counseling services.
- Bed assignment sheets were located on the living units indicating resident bed location based on their vulnerability and aggressiveness assessments.
- Unannounced rounds were being conducted on the living units by Intermediate level staff. The facility also has security staff patrol the units to act as an additional deterrent.
- Female staff do not conduct showers or bathroom breaks and male staff posts themselves in a visible area to ensure youth do not leave the area without approval.
- When residents take showers they are clothed when going to the shower and exiting the shower area.

#### **Tour Recommendations:**

- Throughout the facility there are several solid doors accessible to certain staff and restricted to residents. To reduce facility liability, the recommendation was to place a restricted area sign on identified doors to give clear visual for authorized personnel only-no youth are allowed. The locations were noted during the tour by the PREA Coordinator and PREA Compliance Manager. Restricted area signs were placed on the identified doors and photographs were taken. The PREA Compliance Manager sent the photographs to the auditor and compliance was achieved in the area.
- Holloway Hall was undergoing some renovations and was off limits to residents and staff. Room doors were open and unsecure. After the auditor pointed this out, the room doors were closed and locked. Restricted area signs were requested to be placed on the doors as well. The PREA Compliance Manager sent the photographs to the auditor and compliance was achieved in the area.
- On day three of the on-site phase, a video camera review was conducted with the agency Investigative Staff and the auditor. Review was completed by using the Investigative Staff's desktop computer. The video camera system is only accessible to Agency and Facility Administration and the Agency's Investigative Unit. There were only three cameras located with the facility that appeared off line and in need of repair. The cameras are being replaced and the Information Technology Department is aware of the issue.

#### **Random Staff Interviews:**

The auditor selected staff at random from the staffing roster provided by the facility prior to the on-site audit dates. The selection included a cross section of staff to ascertain the training levels of staff in various

positions and all three (3) shifts. Fourteen (14) Random Staff, one (1) swing shift staff, five (5) from first shift, and four (4) from second and third shifts were selected and formally interviewed over the three (3) day on-site phase. The auditor was provided a private room within the facility from which to work from and conduct confidential interviews with random and specialized staff. The private room was located in the D&E Administration Building which allowed for a non-threatening or intimidating environment resulting in staff being comfortable during the interview process. Overall, the random staff who were interviewed revealed (including specialized staff) indicated they have been trained and educated on PREA and were very knowledgeable of the agency's Zero Tolerance Policy requiring staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, any retaliation against residents and staff, and any neglect or violation of responsibilities that may contribute to an incident.

Knowledgeable strengths from the random staff were in areas of the following: prohibition from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status (115.315), staff reporting requirements and the agency/facility's procedure for reporting (115.361), agency's use of resident interpreters when making an allegation (115.316), agency's protocol for obtaining physical evidence if resident alleges abuse (115.321), how can staff privately report sexual abuse of residents, how residents can privately report (115.351), knowing or learning a resident is at imminent risk and how quickly they take action (115.362), policies for opposite gender entering the housing unit and that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. Knowledgeable weaknesses from random staff were in the areas of knowing the dynamics of sexual abuse and sexual harassment in confinement (115.331) and first responder duties (115.364.) After the on-site visit, all staff were re-trained on the above-mentioned topics related to the dynamics of sexual abuse and harassment in confinement and first responder duties. The facility PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance of the standards.

#### **Administration/Agency Leadership and Specialized Staff Interviews:**

During the pre-audit phase, Specialized Staff at the agency level were interviewed on-site with the Agency Head or Designee, Deputy Director of Institutional Services, Executive Assistant to the Director, PREA Coordinator, Agency Treatment Coordinator, Agency Contract Administrator, Administrative Investigator, Agency Treatment Coordinator, General Counsel, Human Resources Manager two Campus Administrators, Registered Nurse Supervisor, PREA Compliance Manager, and Advocate Representative. Also interviewed were Medical Director, Medical and Mental Health staff, Intermediate Level Staff, Intake Staff, Staff who perform Screening for risk of victimization and abusiveness, Volunteers and Contractors, and Educational staff. Overall, specialized staff interviews revealed that staff is very knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

The Agency and Facility staff selected for interviews included:

<b>Staff Interviews and Interactions</b>	<b>Number (#)</b>
Agency Director or Designee- Deputy Director	1
Executive Assistant to the Director	1
Agency PREA Coordinator	1
Agency Treatment Coordinator	1
General Counsel	1

Agency Contract Administrator	1
Campus Administrators	2
Investigative Staff (Agency/Facility)	1
Facility PREA Compliance Manager	1
Medical Director	1
Registered Nurse Supervisor	1
Medical Staff	1
Mental Health Staff	1
Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches	0
Human Resources Staff	1
Intermediate or Higher Level Facility Staff	2
Volunteers/Contractor who have Contact with Residents (faith-based and programming)	2
Education Staff	1
Investigative Staff (Agency)	1
Advocate Representative	1
Staff who Preform Screening for Risk of Victimization and Abusiveness	1
Staff on the Sexual Review Incident Review Team	3
Designated Staff Member Charged with Monitoring Retaliation	1
First Responder (Non-Security)	0
First Responder (Security)	14
Intake Staff	2
SANE/SAFE Staff	1
Staff Who Supervise Resident In Isolation	0
1 <sup>st</sup> Shift Random Staff	4
2 <sup>nd</sup> Shift Random Staff	4
3 <sup>rd</sup> Shift Random Staff	4
Swing Shift Random Staff	1
<b>Number of Random Staff Interviews</b>	14
<b>Number of Targeted Staff Interviews</b>	44
<b>Total Number of Staff Interviews</b>	58

*Note:* Some randomly selected staff serve in one or more specialized roles and duties based on the facility size and characteristics of the facility. Some staff members were interviewed more than once if their duties covered more than on specialized area.

### **Residents Interviewed:**

The number of residents housed during the first, second, and third days of the on-site audit were as follows: 142, 141, 141. The Auditor documented Resident selection and interview on the PREA Audit Agenda/Tally Sheet and selected a sample of residents geographically diverse by living unit, admission date, race, and date of birth. Prior to and/or during the entrance conference, the auditor scheduled all interviews and documented Residents who were interviewed by number. The auditor was provided a private room within the facility from which work from and conduct confidential interviews with residents. The private room was located in the D&E Administration Building which allowed for a non-threatening or intimidating environment, which resulted in the resident being comfortable during the interview process.

For those targeted resident categories that were present at the time of the on-site audit, additional random resident interviews were added to the total number of interviews.

<b>Resident Interviews and Interactions</b>	<b>Number (#)</b>
Residents with Physical Disability	1
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient (LEP)	0
Residents with a Cognitive Disability	2
Residents who Identify as Lesbian, Gay, or Bisexual	2
Residents who Identify as Transgender or Intersex	0
Residents who Reported Sexual Abuse or Sexual Harassment	6
Residents who Reported Sexual Victimization During Risk Screening	2
Residents who are Randomly selected from each Living Area/Room	11
<b>Number of Random Resident Interviews</b>	<b>11</b>
<b>Number of Targeted Resident Interviews</b>	<b>13</b>
<b>Total Number of Resident Interviews</b>	<b>24</b>

Interviews with residents confirmed that they are informed and educated on the agency's Zero Tolerance Policy, their rights to be free from sexual abuse and sexual harassment, and how to report sexual abuse or sexual harassment. They were notified of the rules against sexual abuse and the right to be free from retaliation for reporting. Furthermore, residents are never naked in full view of any male or female staff or resident. When staff conducts pat down or strip searches they are conducted by same gender staff and there is more than one staff present when a search is being performed. Residents interviewed reported they feel safe and more importantly feel sexual safe with the facility.

Mostly all residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Residents interviewed knew what kinds of services were available, received mailing addresses, and understood what information remains private and what is told to or listened to by someone else. (115.353)

When asked, "does staff of the opposite gender announce their presence when entering your housing area or area where you shower or perform bodily functions," twenty-four (24) reported that staff of the opposite gender do announce their presence when entering the unit. Furthermore, twenty-two (22) of the twenty-four (24) residents knew the reason why staff of the opposite gender are to announce their presence. (115.315)

With regards to youth screening questions (115.341), twenty-three (23) residents were asked "when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse all residents. One (1) resident could not remember if he was asked since it was a long time ago. The Auditor asked if staff ever asked the screening questions again and, of the twenty-four (24) residents, eighteen (18) residents indicated they have been asked the question more than once, four (4) residents stated they were not asked the question on more than one occasion, and two (2) residents were not applicable because they were recently placed within the past three months. Of the four (4) residents who stated "no" they have not been asked the question more than one time, a file review was completed, and records indicated the residents were asked the question on more than one occasion.

In cases where the auditor was unable to meet the required number of interviews in a particular targeted population, the auditor relied on interviewing additional random residents and specifically asking the residents while placed within this facility and to their knowledge, there have been any residents who have been blind, deaf, or heard of hearing; limited English proficient, residents aware of any resident who identify as transgender or intersex. When interviewing Administration and specialized staff, the auditor asked similar questions in order to gain additional information in an attempt to meet the targeted number of residents.

**Documentation requested by the facility and received prior to on-site:**

- Complete Resident Roster
- Residents with Disabilities and Limited English Proficient Residents
- LGBTI Residents
- Residents who have been in isolation
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Contractors who have contact with Residents
- Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Medical services: On-site Infirmary
- Six (6) Investigative files and reports of sexual abuse allegations for the past twelve (12) months, all six (6) incidents were resident on resident sexual abusive contact with substantiated outcomes.

**On-site Documentation Review:**

- Ten (10) Resident Medical and Mental Health Files (of those residents interviewed and half non-interviewed)
- Ten (10) Resident Social files (half of those residents interviewed and half non-interviewed)
- Random List of thirty (30) staff verifying 115.317 Hiring and Promotion standard
- Six (6) Investigation files indicating findings and outcomes, and if referred for criminal investigations
- Logbook and Binder Review on random living units

## **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.*

## **Alabama Department of Youth Services and Mt. Meigs Complex Mission**

“The mission of the Alabama Department of Youth Services is to enhance public safety by holding juvenile offenders accountable through the use of institutional, educational, and community services that balance the rights and needs of victims, communities, courts, and offenders. DYS believes that communities will be safer and youth will be more likely to succeed if services designed to meet the needs and strengths of youth and their families are provided locally, in non-institutional settings.”

## **Alabama Department of Youth Services Goals**

- Provide juvenile justice services within the framework of professional juvenile justice standards, legislative intent, and available resources.
- Hold juveniles accountable and responsible for their actions and teach them the consequences of their behaviors.
- Provide juvenile offenders opportunities to change behaviors based on an assessment of individual needs.
- Place all juvenile offenders in a clean and safe environment that promotes dignity, responsibility, self-esteem, respect, and a positive educational experience.
- Promote the efficient use of resources by providing the least restrictive environment for the juvenile while protecting the community.
- Forge partnerships with the juvenile justice system, the community, and the public and private sectors.
- Promote public trust and confidence through the efficient stewardship of public funds.
- Require employees at all levels to be positive role models for juveniles.
- Support continuing staff professionalism through the provision of training opportunities.

## **Facility Background and Programming, Physical Plant and Security Supervision:**

The Mt. Meigs Complex is located on 780 acres adjacent to Interstate 85 North approximately fifteen miles east of downtown Montgomery. The facility, previously known as the “Alabama Boys Industrial School,” was acquired in 1911 by the State of Alabama. The property includes a juvenile correctional facility for 172 adjudicated males and the central offices for the Department of Youth Services administrative and support divisions. The complex consists of 30 buildings. There are 8 single cell housing units, 3 open-bay housing units, a chapel, a dining hall, a school and gymnasium, and an on-site clinic.

Youth placed at the Mt. Meigs Campus attend the L.B. Wallace School which is located on-site. School is conducted year round and youth are given the opportunity to receive educational, career, and technical services in a variety of trade areas including welding, brick masonry, business management, and building construction. General Education Development (GED) studies and distance learning also are available through the academic program. The mission of L. B. Wallace School is to meet the unique educational needs of individual youth in order for them to make the educational gains necessary to successfully transition from DYS to school or employment in the community. In addition to traditional educational programs, students receive treatment through participation in therapy sessions, the Chemical Addiction Program, and the Accountability Based Sex Offender Program. Educators work hand in hand with

therapeutic staff in an effort to guide each student toward a positive, goal oriented life. L. B. Wallace School is proud of its accreditation with the Southeastern Association of Colleges and Schools and the Correctional Education Association.

Each youth works with an assigned case manager to address factors related to their committing offenses. Youth work toward developing life skills and overcoming deficits in order to earn their release from DYS by completing an Individualized Service Plan (ISP). The ISP is developed by a multidisciplinary team that includes the youth, and family when possible. Youth are provided opportunities for pro-social interaction that enable them to meet their educational, residential, and rehabilitative goals to successfully transition back to their families and communities.

The Mt. Meigs Chemical Addiction Program (CAP) is a highly structured substance abuse treatment program conducted five days a week for approximately seven weeks in a non-medical setting. Program components include assessment, individual and group therapy, substance abuse education, family therapy, family education, and introduction to support groups. The program is operated through a contract by the Chemical Addiction Program located in Montgomery, Alabama.

The Intensive Treatment Unit (ITU) functions as a temporary alternative program for youth who are assaultive, combative, or destructive. This program provides intensive services to address the issues preventing a youth from being successful either in school, residential life, or completing their service plan. ITU also serves youth who have absconded from private provider facilities with whom DYS contracts for services. These youth are placed at ITU until a review of their placement can occur and a decision is made about their re-assignment. Youth are not typically assigned to ITU unless behavior or intensive observation and programming are warranted. Youth are typically re-assessed and moved from either the general population or contracted programs to ITU if programs and services are unable to meet their needs. ITU provides educational services within the unit and has additional security measures in place for the safety of youth and staff. The program seeks to re-integrate the youth back into regular campus or community programs as soon as it is practical and safe.

Auburn University, Department of Psychology provides contractual services for the Accountability Based Sex Offender Program (ABSOP). ABSOP offers a comprehensive assessment and treatment program designed to provide innovative and responsive psychological services for juvenile justice-involved adolescents, generally ages 13-18, who have been committed to DYS for a sexual offense. The guiding principles of the ABSOP program are community safety, holism, and empiricism.

Students also have access to other supplementary social and therapeutic opportunities at Mt. Meigs. A teen club called the Snack Shack provides a setting wherein students have the opportunity to apply their developing positive social skills by sharing recreational activities and just hanging out. A favorite program on campus is the Garden Therapy program. Students have the opportunity to learn about soil preparation, fertilization, and planting, as well as the care and harvesting of vegetables in a spring and winter garden. Students take great delight in getting to eat and enjoy the vegetables of their labor.

The newest of these auxiliary programs is an exercise and physical fitness program for students, beginning with a comprehensive physical fitness evaluation upon intake. Students have access to those results and an

individualized physical fitness program based on those results. In this program, students learn about having an active, healthy body while improving their self-image.

Residential Care: Treatment encompasses all areas of students' lives, starting with the residential environment. Students live in ABSOP-specific dorms on campus that are staffed by ABSOP-specific employees. These staff members undergo extensive training in CARE/TCI programming model to be able to engage with students in a nurturing setting as a surrogate family. The goal is to foster an environment where every interaction with staff is a positive and productive learning experience.

Treatment Services: Treatment is central to ABSOP and from a holistic perspective considers the behavioral, psychological, cultural, environmental, familial, and developmental contexts in which abnormal and normal sexual behavior occurs. Historically, intervention efforts for sexual behavior problems in adolescents had little empirical basis. ABSOP staff recognized that new, developmentally articulated models of treatment were required and they have been active in developing the newest models of therapy. Being accountable, we evaluate the services being provided to the students in our care; thus, we conduct pre and post outcome evaluations as well as obtain arrest data for all students who complete treatment at ABSOP. These data have demonstrated that adolescents completing treatment have significant intellectual, social, and psychological gains. Moreover, only 4% of adolescents graduating from ABSOP are re-arrested for sexual crimes.

Individual Therapy: Each student in the ABSOP program has an individual therapist with whom they have at least two individual therapy sessions a week. As such, treatment is individualized specifically for each student. Using The Good Lives Model for treatment, a strengths-based approach that focuses on promoting and emphasizing a student's strengths, therapy creates hope and competence.

Group Therapy: In addition to individual therapy sessions, students take part in group therapy sessions for 9-week rotations. Over 20 different groups are offered covering topics from sex education to social skills and sex abuse survivor groups.

Auxiliary Therapies: A number of additional therapeutic groups and programs are offered which supplement the traditional therapies by engaging students in recreational and competence enhancing opportunities including Art Group, Choir, Cooking, Garden club and Hip Hop Therapy.

The Boys and Girls Clubs of Southeast Alabama partners with the Mt. Meigs Complex to operate the Mt. Meigs Boys and Girls Club, which serves as an Independent Living Center for long term students and an incentive for students with positive behavior. The positive environment and psycho-educational curriculum provides opportunities for students to develop and improve pro-social skills as they engage in educational and recreational activities. Using recognized Boys and Girls Club curriculum and curriculum developed by the Mt. Meigs Case Management staff, the ILC program addresses character, money management, legal issues, goal setting, careers, civics and rights, and manhood.

#### **Facility Demographics:**

- Designed Facility Rated Capacity: 172
- Average Daily Population: 143
- Actual Population on 1st Day of the on-site audit: 142



- Youthful Residents Housed: 0
- Residents Age Range: 13-21
- Gender- Male Residents
- Custody/Security Level in the facility = Secure Juvenile Correctional Facility
- Average Length of Stay: One (1) year
- Number of Staff employed who have contact with residents: 286
- Number of Staff hired in the past twelve (12) months: 43
- Number of Volunteers and Contractors who have contact with residents: 60.

## 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:** 4

115.311, 115.333, 115.351, 115.365

**Number of Standards Met:** 39

115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.331, 115.332, 115.334, 115.335, 115.341, 115.342, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any) NA**

## 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.*

### Policy and Supporting Documents Reviewed, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist

- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Coordinator Designation and Qualifications
- Facility PREA Compliance Manager Designation and Qualifications
- Agency/Department Organizational Chart
- Facility Organizational Chart
- DOJ Certified Auditors from the State of Alabama

#### **Interviews:**

- Agency Designee – Deputy Director of Institutional Services
- Agency PREA Coordinator
- Campus Administrators
- PREA Compliance Manager

The policy, State of Alabama Department of Youth Services, Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8. mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outline the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments. The Department cooperates fully with Federal, State, and other local officials in fulfilling the requirements of PREA.

The State of Alabama Department of Youth Services, Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8. (PREA) policy designates an upper level PREA Coordinator for the agency that has sufficient time and authority to develop, implement and oversee Agency and Program efforts to comply with the PREA Standards in all its facilities.

A memorandum from the Executive Director of the Department of Youth Services designated the individual to serve as the Agency's PREA Coordinator along with a brief description of his overall responsibilities. The agency provided an Agency Organizational Chart dated December 3, 2018, confirms that the Agency PREA Coordinator reports directly to the agency Director of Licensing and Standards.

The Mt. Meigs Campus Administrator indicated in writing the facility's PREA Compliance Manager. The provided Mt. Meigs Campus Organizational Chart, dated December 27, 2018, reflects the position of PREA Compliance Manager. This position reports directly to the Campus Administrator. Based on the Agency's PREA Policy and supporting documentation, the Agency has a comprehensive approach to prevention, detection, responding and reporting and the procedures that have been implemented exceed the standard. The Agency has developed the PREA Standard Compliance Checklist, which reports on a quarterly basis of various occurrences covered by the standards. The supporting documentation clearly indicates the Agency and Facility take PREA implementation seriously and shows implementation performance on a daily basis.

#### **Interview Results:**

- The Agency Deputy Director confirmed the appointment, qualifications, and continued efforts of the PREA Coordinator.

- Interview with the Agency PREA Coordinator, a DOJ Certified Auditor was extremely knowledgeable and very educated on the PREA Standards. The PREA Coordinator is committed to implementing PREA in Alabama DYS. He has experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards. He stated he is directly responsible for three (3) Facility PREA Compliance Managers and assists and provides advice to private providers who serve Alabama youth. The PREA Coordinator facilitates meetings with the PREA Compliance Manager to discuss any needs, problems, ideas, or suggestions for improvement.
- Interview with the Campus Administrator of the facility confirmed the PREA Compliance Manager as outlined on the facility organizational chart.
- The PREA Compliance Manager is a certified PREA Auditor and since 2013 she has been assigned as the facility's PREA Compliance Manager. She oversees the facility's efforts to comply with the PREA standards further and has indicated she has enough time to manage all of the PREA related responsibilities. When she identifies an issue she informs and processes any issues with the facility administrative team to include the Campus Administrators, Department Heads, and the PREA Coordinator.

## 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.*

#### **Supporting Documents, Interviews and Observations:**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Contracts for Confinement

#### **Interviews:**

- Agency Designee – Deputy Director of Institutional Services
- PREA Coordinator
- Contract Administrator

The State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8. policy states that should the department contract for the confinement of residents with other entities, including other government agencies, any new contract or contract renewal shall include the entity's obligation to adopt and comply with PREA. Any new contract or contract renewal shall provide for agency contract monitoring to ensure the contractor is complying with PREA standards. All DYS and contract service provider facilities with whom DYS contracts for the confinement of juveniles will be audited by a certified PREA auditor according to the PREA Audit schedule, and found compliant following the 180 day corrective action plan in order for DYS to be able to continue to utilize their services.

The Pre-Audit Questionnaire (PAQ) indicated that the agency has 10 contracts for the confinement of residents that the agency entered into with private entities or other government agencies on or after August 20, 2012. The PAQ stated that all of the agency contracts for the confinement of youth contain the requirements that the contractor adopt and comply with all of the DOJ PREA Standards and also that they will allow the Alabama Department of Youth Services to monitor compliance.

All 10 contracts were provided for review and the contracts contained the requirements that the contractor adopt and comply with all Juvenile Facility PREA Standards established by the United States Department of Justice. The agency contracts includes the language "self-monitoring requirements" and acknowledges that the Alabama Department of Youth Services will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring.

## Interview Results:

- The Deputy Director, PREA Coordinator, and Contract Administrator confirmed the agency and facility does contract with other entities for the confinement of residents and the PREA language written into its contracts.

## 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? ☒ 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? ☒ 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 ☐ 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 ☐ 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 ☐ 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)? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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) ☒ 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) ☒ 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.*

### **Supporting Documents, Interviews and Observations**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2018 Staffing Pattern
- Complete Facility Staff Work Schedules for the past twelve (12) months
- Daily Population Report for the past twelve (12) months
- Facility Vulnerability Assessment Forms for all Housing Units and School
- Facility Roster for the past twelve (12) months
- Group Counseling Schedules by Unit for past twelve (12) months
- Facility Activity Schedule by Unit for the past twelve (12) months
- Survey of Sexual Victimization for 20014 – 2016
- Security Count Affidavit for period covering past twelve (12) months
- Supervisory Monitoring Log for Day and Night Shift period covering past twelve (12) months
- ADYS 2018 Annual Facility Staffing Assessment

According to the agency's 2018 staffing plans, the facility has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. Staffing at the Mt. Meigs Campus is predicated upon the designed facility capacity of 172 beds. The facility is obligated to maintain staffing ratios of a minimum of 1:8 during resident wake hours and 1:12 during resident sleeping hours. The facility has taken into consideration the 11 criteria in subsection(a) to any prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the staffing plan.

The facility has documented its best efforts to protect youth from sexual abuse through a staffing pattern with ratios of staff to youth of 1:8 during waking hours and 1:12 in non-waking (sleeping) hours, through the use of video monitoring, positioning of staff to mitigate blind spots and through conducting of unannounced rounds. When staffing ratios cannot be maintained, staff may be held over or staff may be paid overtime. Any deviations from the staffing pattern are documented. The facility provided a sample of "staffing affidavits" documenting staffing ratios for individual living units. In addition to the affidavits, samples of Supervisory Monitoring logs were also provided indicating random supervisory checks on the living units and buildings for both day and night shifts. The facility has documented unannounced rounds and is in compliance with the standards. Unannounced rounds are conducted by higher level staff and security staff provides roving patrols.

The reviewed Annual Facility Staffing Assessment dated January 20, 2019, documented that Mt Meigs meets the staffing ratios of 1:8 during juvenile waking hours and 1:12 during sleeping hours, except in limited exigent circumstances which are fully documented. In calculating staffing ratio requirements, the facility documented that it considered each of the items required in the PREA Standards. The assessment

documented that video surveillance has been augmented with additional cameras throughout the Mt Meigs Campus, including the cafeteria, living units and main gates. The staffing assessment outlined the current number of direct care staff as one hundred-forty (140), the number of direct care staff vacancies as sixteen (16), ten (10) security staff vacancies. The current number of teachers was twenty-three (23) with one (1) vacancy.

#### **Interviews:**

- Agency Designee – Deputy Director
- PREA Coordinator
- Campus Administrators
- PREA Compliance Manager
- Interview with the Campus Administrators revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in:
  - The staffing plan/schedule;
  - Prevailing staffing patterns;
  - The facility's deployment of video monitoring systems and other monitoring technologies;
  - The resources the agency/facility has available to commit to ensure adequate staffing levels.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- The average daily number of residents on which the staffing schedule was predicated was 172.
- Since the last PREA audit the average daily number of Residents reported was 143.
- Since the last PREA audit the average daily number of Residents on which the staffing plan was predicated reported was 172.

#### **Interview Results**

- Interviews and supporting documentation shows the Deputy Director, PREA Coordinator, Campus Administrators, and PREA Compliance Manager indicated that they are consulted regarding any assessment of, or adjustments to, the staffing plan.
- Interview with the PREA Coordinator, Campus Administrators, and PREA Compliance Manager indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring, they consider all of the components listed in the standard.
- Interviews with intermediate or higher level facility staff indicated they perform unannounced rounds and document on the Security Count Affidavit and Supervisory Log.
- Interview with the PREA Compliance Manager indicated that she verifies rounds are being conducted by random reviews and noting them on the sheet.
- The PREA Coordinator and Deputy Director's interviews confirmed the process for conducting annual reviews.

### **Standard 115.315: Limits to cross-gender viewing and searches**

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

**115.315 (a)**

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

**115.315 (b)**

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

**115.315 (c)**

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

**115.315 (d)**

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

**115.315 (e)**

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ 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.*

### Supporting Documents, Interviews and Observations

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Searches and Control of Contraband Policy and Procedures 9.10
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- PREA Form 115.315 Cross-gender Strip Searches
- 2018 Cross Gender Strip Search Non-Occurrence Form
- PREA Form 115.315 Cross Gender Visual Body Cavity Searches
- 2018 Cross-Gender Visual Body Cavity Search Non-Occurrence Form
- PREA Form 115.315 Cross-gender Pat-down Searches
- 2018 Cross Gender Pat Down Search Non-Occurrence Form
- Medical Reports (medical examination of transgender or intersex juvenile)
- 2018 Medical Examination of transgender or intersex resident Non-Occurrence Form
- 2018 Training Records (searches)
- 2018 PREA Refresher Training PowerPoint including how to conduct cross-gender pat-down searches, and searches of transgender and intersex juveniles

## Interviews:

- Agency Designee- Deputy Director
- Agency PREA Coordinator
- Random Staff
- Random Residents

The initial review of the State of Alabama Department of Youth Services, Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8. and State of Alabama Department of Youth Services Searches and Control of Contraband Policy and Procedures 9.10, PREA Form 115.315 Cross-gender Strip Searches, 2018 Cross Gender Strip Search, Cross Gender Visual Body Cavity Search, and Cross-Gender Pat Down Search Non-Occurrence Forms, PREA Form 115.315 Cross Gender Visual Body Cavity and Pat Down Searches Forms. Policy and procedures prohibit any cross-gender strip search or visual body cavity searches or cross-gender pat down searches to same gender staff absent exigent circumstances, shower procedures, female and male staff announcing their presence when entering housing areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Also, the policies indicated any cross-gender searches are required to be documented.

A review of the training documentation and staff interviews confirmed that training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and that cross-gender strip or cross-gender visual body cavity searches of residents are prohibited. Staff were able to describe what an exigent circumstance would be seeking authorization to conduct such a search.

All residents interviewed stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down searches in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Mostly all random staff interviewed, specifically those of the opposite gender- indicated that they announce themselves when entering a housing area. Documentation of opposite gender announcements are logged and documented on the designated form. During the tour it was observed female staff announce their presence when entering the male living unit. Facility staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them.

During the facility tour, the auditor observed that showers provide for privacy, most often through the use of PREA curtains or closed doors. Youth are required to be dressed when entering and exiting the shower area. Male staff conducts showers and position themselves where they can observe the shower facilities but do not directly view anyone in the showers.

While on-site, there were no transgender or intersex residents housed at the facility. If the facility were to receive a transgender or intersex resident, the agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the Resident's genital status is unknown, the facility will determine 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. The PREA Coordinator, PREA Compliance Manager, and Campus Administrators confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female Residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

#### **Interview Results:**

- Fourteen (14) random staff interviewed either announce their presence or hear staff of the opposite gender announce their presence when entering a living unit.
- Twenty-four (24) residents reported staff of the opposite gender announce their presence when entering the unit. Residents further stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.
- Twenty-four (24) residents interviewed have undergone a pat down or strip search conducted by same gender staff and conducted in a professional and respectful less intrusive manner.
- Female staff interviewed stated they have never searched a male youth and reported there are male staff on duty and if necessary, they would supervise them and limit movements until a male staff was available. Male staff interviewed confirmed they have never seen a female search a male resident.

### **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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ 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? ☒ 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Soliant Health Contract
- Deep South Language Services Contract
- PREA Form 115.333 Juvenile Receipt of PREA
- PREA Form 115.331 Staff Receipt
- PREA Form 115.333 Juvenile Receipt of PREA Education in English and Spanish Version
- PREA Form 115.333 Juvenile What You Should Know About Sexual Abuse and Harassment Pamphlet in English and Spanish Version



## Interviews:

- Agency Designee- Deputy Director
- Agency PREA Coordinator
- Campus Administrators
- Facility PREA Compliance Manager
- Random Staff
- Random Residents
- Low Cognitive Resident

State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 requires the Mt. Meigs Campus to establish procedures to provide disabled residents equal opportunity to participate in and benefit from all aspects of facility efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy also states that facilities shall provide juvenile orientation in formats accessible to all juveniles, including those who are Limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills. Each facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of DYS's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Policy states that these steps include (when necessary to ensure effective communication with juveniles 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. In addition, facilities are required to ensure that written materials are provided in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The policy further states that facilities shall not rely on resident interpreters, resident readers, or other types of juvenile assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the juvenile's safety, the performance of first-responder duties, or the investigation of the juvenile's allegations.

The PREA Coordinator provided a copy of a two year contract (effective date of October 1, 2017) between the Alabama Department of Youth Services and Deep South Language Services to provide Interpreter/Translator Services for Mt. Meigs Campus. The contract provides for interpretive services for residents who may speak Mexico, Spanish, Guatemalan, Chinese, Vietnamese and Korean. The contract requires that these services are available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. Additionally, it requires that interpreters possess the appropriate training and education in addition to required licenses and certifications.

The Agency provided a copy of a two year contract effective December 1, 2018 between the Alabama Department of Youth Services and Soliant Health to provide services to profoundly deaf residents and residents who require speech therapy and special education services in DYS custody. Soliant provides certified and qualified sign language interpreters for the purpose of communicating between hearing impaired residents, parents, and education staff.

There are postings throughout the detention center in English and Spanish. The staff training documentation, pamphlet, and DYS Handbook are in English and Spanish and contain information that provides appropriate explanations regarding PREA to residents based upon their individual needs.

The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties or the investigation of the resident's allegations.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

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

#### **Interview Results:**

- Interviewed staff consistently stated that they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.
- During an interview with the resident with a cognitive disability, he reported that he was provided materials in a format that ensured effective communication and that he understood all material presented. Furthermore, staff took the necessary time to fully explain all PREA related material.
- During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing. Interview with the PREA Coordinator and PREA Compliance Manager indicated that if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance. The Intake Staff also indicated that services are required and that they would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay.
- In interviews with two (2) residents who had a cognitive disability, they stated that they were provided materials in a format that ensured effective communication and that staff took the time to ensure that they understood all material presented. Intake Staff acknowledged they would take the necessary time to fully explain all PREA related materials.

## **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)? ☒ 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? ☒ 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? ☒ 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)? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

#### 115.317 (c)

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

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ 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.) ☒ 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Employee Code of Conduct
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Background Checks
- Child Abuse Registry Checks
- PREA Form 115.317 Prison Rape Elimination Act (PREA) Employment/Appraisal Questionnaire
- PREA Employment/Promotion Appraisal Questionnaire
- Hiring and/or Promoting Non-Occurrence Form for past twelve (12) months

### Interviews:

- Agency PREA Coordinator
- Administrative Human Resource Manager
- Administrative Investigator

The State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8., PREA Form 115.317 Prison Rape Elimination Act (PREA) Employment/Appraisal Questionnaire contain all the elements required by this standard and all background checks are conducted initially on new employees, contractors, volunteers and in cases of promotion decisions of employees and contractors.

The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, child abuse registry checks (Alabama Department of Human Resources) and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse.

The Department of Youth Services PREA Policy requires facilities to conduct criminal background records checks at least every four years on current employees and contractors who may have direct contact with juveniles. The agency tracks and has a system in place for otherwise capturing such information for current employees and has set up a spreadsheet sorted by driver's license expiration dates. After the initial background check, the agency runs the background checks again the month after the driver's license expires.

The following procedures are required to be followed in DYS facilities in Alabama where Alabama Law requires drivers' licenses to be renewed every four years: (1) Run an initial background check on all the employees on a campus in the year of an initial PREA Audit. (2) Input all the information into an Excel Spreadsheet. (3) Sort the spreadsheet by Driver's License Expiration Date. (4) Run the background checks again one month after the driver's license expiration date. This process was established to ensure that employees have a current driver's license and meets PREA standards that require a criminal background records check on employees every five years.

Agency policy imposes upon employees a continuing affirmative duty to disclose any such misconduct; however, when asked if staff sign in writing their understanding of this policy, documentation could not be provided upon request and required such language placed in writing such as in policy or an employee's code of ethics where staff would sign acknowledging such a duty to report to the agency. The agency prohibits staff from material omissions and the provision of materially false information shall be grounds for termination.

After interviewing the Human Services Director, the auditor randomly selected thirty (30) employees, contractors, and volunteers' names with various hiring dates. The interview then conducted resulted in the finding that newly hired employees, volunteers, and contractors had the required documentation indicating that the necessary checks were completed. While on-site the majority of the list was obtained and during the evidence determination and review phase the facility PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance of the standards.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 43.
- In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 3.
- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 2.

#### **Interview Results:**

- The interview with Agency Human Resource Director and Investigator confirmed a hiring process that performs a criminal record background check on newly hired employees and contractors. The agency performs criminal record background checks on employees and contractors at least every four (4) years. Contractors who have contact with residents have a system in place for otherwise capturing such information for current employees.

## **Standard 115.318: Upgrades to facilities and technologies**

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

### 115.318 (a)

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

### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
☒ 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Surveillance System Schematic and Diagrams
- Video Surveillance System Description

## Interviews:

- Agency Designee-Deputy Director
- PREA Coordinator
- Campus Administrator
- Facility PREA Compliance Manager

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, Surveillance System Schematic and Diagrams, the Video Surveillance System Description indicated that when designing or acquiring any new facility, planning any substantial expansion or modification of existing facilities, Alabama DYS will consider the effect of the design, acquisition, expansion or modification upon the ability to protect inmates from sexual abuse. Also, when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, facilities will consider how such technology may enhance the ability to protect residents from sexual abuse. The facility has not been newly designed nor had a substantial expansion or modification since August 20, 2012.

There were several solid doors accessible to certain staff and restricted to residents. To reduce facility liability, the recommendation was to place a restricted area sign on identified doors to give clear visual for authorized personnel only-- no youth are allowed. The locations were noted during the tour by the PREA Coordinator and PREA Compliance Manager. Restricted area signs were placed on the identified doors and photographs were taken. The PREA Compliance Manager sent the photographs to the auditor and compliance was achieved in the area. Holloway Hall was undergoing some renovations and was off limits to residents and staff. Room doors were open and unsecure. After pointing this out, the auditor saw that the room doors were closed and locked. Restricted area signs were requested to be placed on the doors as well. The PREA Compliance Manager sent the photographs to the auditor and compliance was achieved in the area. During the tour, a review of the video monitoring system and electronic surveillance cameras was completed. As noted in the Audit Narrative under the Tour section, there were only a few cameras that were in need of replacement. The repairs were completed and documentation will be forwarded to the auditor. Since 2016, the facility has tremendously upgraded their video surveillance system by adding additional cameras to reduce or eliminate blind spots and have improved their hardware and software. The Mt. Meigs Campus facility has over 279 facility cameras. These cameras are located in all the housing units, indoor recreation, medical wing, school wing, all hallways, processing/ intake, holding cell, front entrance, master control, visitation area, school, kitchen, facility perimeter, and post areas. The video surveillance system has a maximum retention of thirty-five (35) days.

## Interview Results:

- Interviews with the Deputy Director, PREA Coordinator and the Compliance Manager indicated that there was no major expansion since 2012 or since their last audit in 2016. If there were any major building expansions or upgrades to the video monitoring system, the Administrative team would be involved in the planning process.

# 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? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ 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? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ 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.) ☒ 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 ☐ 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.*

#### **Supporting Documents, Interviews and Observations:**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services, Special Investigation Unit Policy 1.14
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- A National Protocol For Sexual Assault Medical Forensic Examinations Adults/Adolescents
- Memo of Understanding with Lighthouse Counsel Center the Rape Crisis Center/ Child Advocacy Center
- Memo of Understanding with Montgomery County Sheriff's Office, Local Law Enforcement for Criminal Investigations
- Victim Advocate Receipt of PREA Training
- Special Investigator Receipt of PREA Training (Administrative Investigations)
- National Institute of Corrections Certificates of completion on Specialized PREA Training Investigating Sexual Abuse in a Confinement Setting

#### **Interviews:**

- Administrative Investigator
- Agency PREA Coordinator
- Facility Compliance Manager
- Campus Administrators
- Random Residents
- Random Staff
- Program Director, The Lighthouse Counseling Center the Rape Crisis Center/ Child Advocacy Center

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8., State of Alabama Department of Youth Services, Special Investigation Unit Policy 1.14 policies contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. Additionally, policy requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies.

The facility has a MOU between the Alabama Department of Youth Services and the Montgomery County Sheriff's Office. According to the MOU, it is agreed and understood that the Montgomery County Sheriff's Office will provide investigative services to residents and staff of the Mt. Meigs Campus of the Alabama Department of Youth Services pursuant to standard 115.321 (Evidence Protocol & Forensic Medical Examinations), standard 115.334 (Special training: Investigations), and standard 115.371 (Criminal and Administrative Agency Investigations) on a 24 hours a day basis. These services, according to the MOU, include responsibility for investigating allegations of sexual abuse by qualified staff screened who are

screened for appropriateness to serve in this role and who have received training concerning sexual assault and forensic examination issues in general.

Agency policies offer residents who are victims of sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The organization providing forensic exams is the Lighthouse, which operates twenty four (24) hours, seven (7) days per week. The organization provides sexual assault exams provided by Sexual Assault Nurse Examiners/Forensic Examiners. Forensic medical examinations are offered without financial cost to the victim or victim's family.

If requested by the victim, a victim advocate, or qualified facility staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as indicated. The facility provided staff certificates of training from the Alabama Coalition Against RAPE, indicating that staff have been trained in victim advocacy in a training session entitled: "Understanding The Needs of Sexual Assault Victims: A Seminar for Those Working in Correctional Settings". Nine (9) facility staff and administrators received victim advocate training and are designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general.

Whereby all supporting documentation indicates an active Memorandum of Understanding with The Lighthouse, the agency has gone above and beyond by training selected staff to serve as victim advocates immediately after a sexual assault to provide immediate emotional support, crisis intervention, and information during transportation to The Lighthouse and throughout the process-- preventing a break in services and support.

According to a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted during the past 12 months reported was zero.
- The number of exams performed by SANEs/SAFE during the past 12 months reported was zero.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

#### **Interview Results:**

- Interviewed staff, including the PREA Coordinator and Campus Administrator, were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would "make sure the resident victim was stable," preserve the evidence and, if the mental health staff are on site, call on the mental health staff to conduct an assessment.
- For victims of sexual assault, interviewed staff including the Registered Nurse Supervisor, Medical and Mental Health staff and the Program Director at The Lighthouse indicated that the facility will offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANE/SAFE are provided by the local hospital. Furthermore, the facility provides sexual assault crisis counselors' accompaniment and support to the victim through the forensic medical examination

process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

- Most of the staff interviewed indicated knowledge with evidence protocol to preserve evidence until local law enforcement officers arrived at the facility.
- Twenty-one (21) out of residents twenty-four (24) interviewed knew services were available outside the program for dealing with sexual abuse if they would need services.

## **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.*

## Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services, Special Investigation Unit Policy 1.14
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- A National Protocol For Sexual Assault Medical Forensic Examinations Adults/Adolescents
- Memo of Understanding with Lighthouse Counsel Center the Rape Crisis Center/ Child Advocacy Center
- Memo of Understanding with Montgomery County Sheriff's Office, Local Law Enforcement for Criminal Investigations
- Victim Advocate Receipt of PREA Training
- Special Investigator Receipt of PREA Training (Administrative Investigations)
- National Institute of Corrections Certificates of completion on Specialized PREA Training Investigating Sexual Abuse in a Confinement Setting
- PREA Form 115.371 Process for Investigating Sexual Assaults
- PREA 115.322 Occurrence Form for Administrative Investigations
- Administrative Investigative Outcomes of Sexual Abuse and Harassment Forms
- Referrals to Law Enforcement for Criminal Investigation Occurrence Form

## Interviews:

- Agency Designee- Deputy Director
- Investigative Staff
- PREA Coordinator
- Random Staff

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, State of Alabama Department of Youth Services, Special Investigation Unit Policy 1.14, PREA Standards Compliance Checklist, Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities), Memorandum of Understanding with Lighthouse Counsel Center the Rape Crisis Center/ Child Advocacy Center and Memorandum of Understanding with Montgomery County Sheriff's Office requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. Policy requires allegations of sexual abuse or sexual harassment to be referred for administrative investigations to an agency with the legal authority to conduct criminal investigations. To that extent, the Montgomery County Sheriff's Office provides services on a twenty-four (24) basis and holds the responsibility for investigating sexual abuse by employing qualified staff screened for appropriateness to serve in that role and who have received training concerning sexual assault and forensic exam issues. Referrals made by DYS for criminal investigations are documented when referred to the Montgomery County Sheriff's Office. Allegations are referred to the Administrative Investigators through the General Counsel office; however, recent organizational changes were made to have the Administrative Investigators report directly to the Executive Director. Obtaining administrative investigation documentation in a timely manner to review was a barrier; however, the information was received to determine compliance and, with the recent organizational change this method will improve how information is shared internally. Per a review of the Pre-Audit Questionnaire, documentation, and confirmation by staff interviews the following has been recorded:

- The number of allegations of sexual abuse and sexual harassment received during the past 12 months were six (6).
- The number of allegations resulting in an administrative investigation during the past 12 months was three (3).
- The number of allegations referred for criminal investigation during the past 12 months was zero (0).

#### **Interview Results:**

- All random staff interviews reflected and confirmed their knowledge on the reporting process, referral process, and policies' requirements; the staff were to report all allegations to their immediate supervisor and an internal and criminal investigation would occur.
- Specialized staff, based on job duties and responsibilities, knew the agency's procedure that details when and by whom administrative and criminal investigations are conducted in response to an allegation of sexual abuse and sexual harassment.

## **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? ☒ 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? ☒ 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 ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ 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? ☒ 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? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

#### 115.331 (b)

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



### 115.331 (c)

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

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- Code of Alabama 1975, Mandatory Reporting Law, Section 26-14-3
- State of Alabama Department of Youth Services, Training and Staff Development Policy and Procedures 4.4
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Alabama Department of Youth Services PREA Training Curriculum, 115.331- Employee Training

- PREA Refresher Training: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in Our Schools PowerPoint Presentation
- 2018 Employee Receipt of PREA Training Sign In Sheets
- PREA Pamphlet 115.331 What Staff Should Know about Sexual Misconduct with Juveniles

#### **Interviews:**

- PREA Coordinator
- PREA Compliance Manager
- Campus Administrators
- Random and Specialized Staff

The State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, Code of Alabama 1975, Mandatory Reporting Law, Section 26-14-3, State of Alabama Department of Youth Services, Training and Staff Development Policy and Procedures 4.4. The State of Alabama DYS Training and Staff Development Policy 4.4 require Mt. Meigs to train all employees who may have contact with residents on 11 different topics required by the PREA Standards.

The facility uploaded the “PREA Training Curriculum, 115.331- Employee Training and the PREA Refresher Training: Understanding Vulnerable Populations and Preventing Sexual Abuse and Sexual Misconduct in Our Schools” PowerPoint.

As a way to provide a visual learning aid, the facility has staff posters in Spanish and English and staff brochures. A PREA Brochure, entitled “What Staff Should Know about Sexual Misconduct with juveniles” is available to staff. This brochure discusses topics such as sexual misconduct (including sexual harassment), disciplinary actions, the abuse of power, understanding how juveniles may use their sexuality, how to set boundaries, and other vital areas. The facility provides employees with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees receive refresher training on PREA requirements is twice per year and depending on the need-- based on the outcomes and recommendations of sexual abuse allegations.

Randomly selected staff were knowledgeable of the PREA guidelines on how staff and residents can privately report sexual abuse and harassment, and how to fulfil their role in preventing, detecting, and reporting sexual abuse. Most random staff interviewed struggled on the topics of dynamics of sexual abuse and harassment within a confined setting and first responder duties. During staff interviews, the auditor even had to probe staff in order to get somewhat of a response, or they did not know the answer to the question. After the on-site visit, staff were re-trained on the abovementioned topics related to the dynamics of sexual abuse and harassment in confinement and first responder duties. The facility PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance of the standards.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were trained on the PREA requirements reported were 216, which matches the training records.
- A sample of the 2018 Employee Receipt of PREA Training Sign-In Sheets was provided, acknowledging by their signatures that they understand the identified areas listed on the form.

#### Interview Results:

- Twelve (12) out of twelve (12) random staff interviewed consistently stated that they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated that they receive the training at the time of hire and as an annual refresher training.
- Thirteen (13) out of fourteen (14) random staff had difficulty knowing the dynamics of sexual abuse and sexual harassment in a confinement setting. They either did not know the answer or needed prompted with the answer.

### 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.*

### Supporting Documents, Interviews and Observations

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- Code of Alabama 1975, Mandatory Reporting Law, Section 26-14-3
- State of Alabama Department of Youth Services, Training and Staff Development Policy and Procedures 4.4
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Alabama Department of Youth Services PREA Training Curriculum, 115.332- Volunteer and Contractor Training PowerPoint Presentation
- PREA Volunteer and Contactor Training Policy and Reporting Requirement Instructions
- 2018 Volunteer and Contractor Receipt of PREA Training Sign In Sheets
- PREA Pamphlet 115.311 PREA Fact Sheet Training Sheet
- 115.332 Volunteer and Contractor Training Occurrence Form for the past twelve (12) months

### Interviews:

- PREA Coordinator
- Campus Administrator
- PREA Compliance Manager
- Volunteers and Contractors

The State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, Code of Alabama 1975, Mandatory Reporting Law, Section 26-14-3 requires the facility to ensure that all volunteers and contractors who may have contact with youth have been trained on their responsibility under the Agency's Sexual Abuse and Sexual Harassment prevention, detection and response policy and procedures. The policy also requires that all volunteers shall be notified of the Agency's Zero Tolerance Policy and informed how to report.

Volunteer and Contractor Training includes the Alabama Department of Youth Services PREA Training Curriculum, 115.332- Volunteer and Contractor Training PowerPoint Presentation as well as the PREA Volunteer and Contactor Training Policy Review and Reporting Requirement Instructions. The 2018 Volunteer and Contractor Receipt of PREA Training Sign verified acknowledgement that they received and understood the training.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of Volunteers and Contractors, who may have contact with Residents, who were trained on the PREA requirements reported were fourteen (14) which matches the training records receipt.
- Sample 2018 Volunteer and Contractor Receipt of PREA Training Sign-In Sheets were provided acknowledging by their signatures that they understand the identified areas listed on the form.

**Interview Results:**

- Interviews with two volunteers, one volunteer chaplain and one programming volunteer, confirmed their knowledge of the required PREA training and the Agency's zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment.

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

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  
☒ 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? ☒ 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.*

#### **Supporting Documents, Interviews and Observations:**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Reception, Classification, Transfer, and Releases Policy and Procedures 17.0
- State of Alabama Department of Youth Services Reception, Orientation, and Youth Handbook Policy and Procedures 13.1.2
- Code of Alabama 1975, Mandatory Reporting Law, Section 26-14-3
- State of Alabama Department of Youth Services, Training and Staff Development Policy and Procedures 4.4
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.333 Occurrence Form for the past twelve (12) months
- 2018 Mt. Meigs Campus Student Handbook
- State of Alabama Department of Education Professional Leadership Certificate, Special Education Teacher Certificates
- PREA Form 115.333 Juvenile Confirmation of Receipt of PREA
- PREA Pamphlet 115.333 What You Should Know About Sexual Abuse and Assault
- PREA Pamphlet 115.333LF (limited reading skills)
- PREA Pamphlet 115.333S (limited English proficient- Spanish)
- PREA Pamphlet 115.333.1 Department of Youth Services Youth Safety Guide
- Power Point Presentation 115.333 PREA Resident Orientation
- Power Point Presentation 115.333.1 PREA Facts Every Juvenile Should Know
- Access to Interpreters (limited English proficient, deaf, visually impaired, otherwise disabled and limited reading skills) Soliant Health Contract and Deep South Language Services Contract
- Posters and other Visual Aids in English and Spanish versions

#### **Interviews:**

- PREA Coordinator
- PREA Compliance Manager
- Campus Administrators
- Staff who Perform Screening
- Random Residents

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8., State of Alabama Department of Youth Services Reception, Classification, Transfer, and Releases Policy and Procedures 17.0, State of Alabama Department of Youth Services Reception, Orientation, and Youth Handbook Policy and Procedures 13.1.2, Code of Alabama 1975, Mandatory Reporting Law, Section 26-14-3, State of Alabama Department of Youth Services,

Training and Staff Development Policy and Procedures 4.4 explains that during the intake process, juveniles shall receive information explaining the DYS zero tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment. Juveniles shall be given, at intake, a copy of DYS Pamphlet 115.333 “What You Should Know about Sexual Abuse and Assault.” This pamphlet is also available in Spanish (PREA Pamphlet 115.333S) and in a version for lower functioning juveniles (PREA Pamphlet 115.333LF). This pamphlet shall be read by staff to all juveniles in groups or individually.

Within 10 days of intake, the facility shall provide comprehensive age-appropriate education to juveniles either in person or through video regarding their rights to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. PREA education shall be accomplished using the following: 1. Student Handbook Orientation on Sexual Abuse and Assault; 2. PREA Form 115.333 Juvenile Receipt of PREA; 3. PREA Pamphlet 115.333 What You Should Know About Sexual Abuse and Assault; 4. PREA Pamphlet 115.333.1 DYS Youth Safety Guide; 5. Power Point Presentation 115.333 PREA Orientation for Juveniles; 6. Power Point Presentation 115.333.1 PREA Facts Every Juvenile Should Know. The facility maintains documentation of resident participation in PREA education sessions by having the resident to complete the Juvenile Confirmation of Receipt of PREA. As information is provided, the staff and the youth reading the information will initial each block of PREA related information. The facility provided a sample of the “Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA).” The facility ensures that the key information about PREA is continuously and readily available or visible through posters, the resident handbook, and PREA Pamphlets. During the tour it was very evident key information about PREA is posted throughout the facility and readily available to residents.

The facility requires that residents who are transferred from one facility to another receive PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for responding to incidents.

Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents admitted during past 12 months who were given this information at intake and received age appropriate education reported was 160.

#### **Interview Results:**

- The Intake staff indicated that during orientation residents, to include transfers from other facilities, are educated on the zero tolerance policy, their right to be free from sexual abuse, harassment, and retaliation, and multiple ways (both inside and outside reporting sources), to report any incidents or



suspicion of sexual abuse or sexual harassment. This information is given during the intake process and is given on the date of admission and within twenty-four (24) hours. The Intake staff distributes the required paperwork and have residents sign and acknowledge a receipt informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to reach outside counseling services and to make reports outside of the agency.

- Twenty-four (24) residents interviewed stated that when they first came to this facility they received information regarding facility rules against sexual abuse and harassment.
- Residents were interviewed using the following statement: “When you came to this facility, were you told about...”
  - Your right to not be sexually abused or sexually harassed-- all interviewed residents answered yes.
  - How to report sexual abuse or sexual harassment-- all residents answered yes.
  - Your right not to be punished for reporting sexual abuse or sexual harassment-- all interviewed residents answered yes.
  - Twenty-one (21) out of twenty-four (24) residents interviewed knew if there were services available outside of the facility for dealing with sexual abuse if they ever needed, knew what kinds of services were available, knew when they could speak with such services, and knew that what is said remains private. The auditor was very impressed on the resident’s overall knowledge on this related topic.

## **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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services, Special Investigation Unit Policy 1.14
- State of Alabama Department of Youth Services, Training and Staff Development Policy and Procedures 4.4
- PREA Standards Compliance Checklist
- Special Investigator Receipt of PREA Training (Administrative Investigations)
- National Institute of Corrections Certificates of completion on Specialized PREA Training Investigating Sexual Abuse in a Confinement Setting
- Alabama Department of Youth Services PREA Training Curriculum, 115.331- Employee Training PowerPoint

- American Jail Association Professional Development Seminar, Finding the Truth: Investigations of Sexual Abuse of Residents in Confinement Settings
- Memo of Understanding with Montgomery County Sheriff's Office, Local Law Enforcement for Criminal Investigations.

#### **Interviews:**

- Agency Designee- Deputy Director
- Administrative Investigator
- General Counsel
- PREA Coordinator
- PREA Compliance Manager
- Campus Administrators

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, State of Alabama Department of Youth Services, Special Investigation Unit Policy 1.14, State of Alabama Department of Youth Services, Training and Staff Development Policy and Procedures 4.4 requires Special Administrative Investigators— in addition to receiving general training provided to all employees in 115.331—to ensure that, in their facilities, to the extent that their facility itself conducts Sexual Abuse investigations, their investigators have received training in conducting such investigations in confinement settings. When investigations are conducted by outside law enforcement, the agency referring the investigation shall at a minimum inform the law enforcement agency of the training requirements under PREA for conducting an investigation within a correctional facility. (PREA standard 115.334.d) Specialized investigator training shall include: A. techniques for interviewing Juvenile Sexual Abuse victims; B. proper use of Miranda and Garrity warnings; C. sexual abuse evidence collection in confinement settings; and D. the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility maintains documentation that agency investigators have completed the required specialized training in conducting Sexual Abuse investigations using PREA Form 115.334 Special Investigator Receipt of PREA. (§ 115.334 Specialized Training: Investigations)

Mt. Meigs Campus has two (2) investigators who completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. Specialized training certificates indicated that the two (2) investigators completed the training on December 19<sup>th</sup> and 20<sup>th</sup>, 2018. Additionally, the two (2) investigators signed acknowledgments demonstrating their understanding of PREA related requirements and items enumerated on the Special Investigators Receipt of PREA forms dated December 21, 2018. These forms identify twenty (20) PREA related topics including the following: conducting sexual abuse investigations in confinement settings, techniques for interviewing juvenile sexual abuse victims, evidence collection in juvenile confinement settings, criteria to substantiate a case for administrative action or prosecution and proper use of Miranda and Garrity Warnings. By the investigators signature, the Investigator acknowledged receiving and understanding the information on the Prison Rape Elimination Act regarding the twenty (20) topics.

The facility provided a Memorandum of Understanding (MOU) dated May 8, 2015, between the Alabama Department of Youth Services and the Montgomery County Sheriff's Office. According to the MOU, it is agreed and understood that the Montgomery County Sheriff's Office will provide investigative services to residents and staff of the Mt. Meigs Campus pursuant to standard 115.321 (Evidence Protocol & Forensic Medical Examinations), standard 115.334 (Special training: Investigations), and standard 115.371 (Criminal and Administrative Agency Investigations) on a 24 hours a day basis. These services shall include responsibility for investigating allegations of sexual abuse by qualified staff who have been screened for appropriateness to serve in this role and who have received training concerning sexual assault and forensic examination issues in general. The MOU requires that the investigators are trained and appropriately qualified. Referrals for allegations of sexual abuse or sexual harassment for criminal investigations are documented.

Based on the supporting documentation provided by the agency/facility (to include DYS Policy and Procedures), all required training for investigators (to include training in standard 115.331 and the specialized training in this standard), and the procured Memorandum of Understanding with the Montgomery County Sheriff's Office--which identifies what the agency would provide as well as the services provided by the local sheriff's office-- the standard rating will be an exceeds standards.

#### **Interview Results:**

- Interviews with Administrative Investigator indicated that he is very qualified and knowledgeable of agency policy and the investigatory process. He also confirmed that he received the required training for Investigator.
- PREA Coordinator and General Counsel confirmed the MOU between DYS and Montgomery County Sheriff's Office and that Investigative Staff have received all required training.
- Documentation provided indicated that the PREA Compliance Manager attended a two day training from the American Jail Association Professional Development Seminar, "Finding the Truth: Investigations of Sexual Abuse of Residents in Confinement Settings" and the interview confirmed her knowledge and understanding of investigations.

### **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? ☒ 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? ☒ 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? ☒ 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 ☐ 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? ☒ 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? ☒ 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? ☒ 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.*

### **Supporting Documents, Interviews and Observations:**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Medical and Health Care Services Policy and Procedures 12.11
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.335 Occurrence Form for SAFE/FNE Examination during the past twelve (12) months
- Alabama Board of Nursing Certification/Licenses
- National Institute of Corrections Certificates of completion on Specialized PREA Training Medical and Mental Health Practitioners
- Memo of Understanding with Lighthouse Counsel Center the Rape Crisis Center/ Child Advocacy Center
- Memo of Understanding with Montgomery County Sheriff's Office, Local Law Enforcement for Criminal Investigations
- PREA Form 115.335 Medical and Mental Health Receipt of PREA Form
- PREA Form 115.335.1 Department of Youth Services Contract Medical and Mental Health Receipt of PREA Form

### **Interviews:**

- Medical Director
- Registered Nurse Supervisor
- Medical Nurse
- Agency Treatment Coordinator
- Mental Health Staff

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and State of Alabama Department of Youth Services Medical and Health Care Services Policy and Procedures states that facilities shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

A. How to detect and assess signs of Sexual Abuse and Sexual Harassment; B. How to preserve physical evidence of Sexual Abuse; C. How to respond effectively and professionally to Juvenile victims of Sexual Abuse and Sexual Harassment; and D. How and to whom to report allegations or suspicions of Sexual Abuse and Sexual Harassment. The facility maintains documentation that medical and mental health practitioners have received the required training using PREA Form 115.335 Medical and Mental Health Care Staff Receipt of PREA Specialized Training. 4. Medical and mental health care practitioners shall also receive the training mandated for employees in paragraph (A) above (§ 115.335 Specialized training: medical and mental health care). Furthermore, policy requires appropriate licensure, state and federal certifications or registration requirements and restrictions apply to personnel who provide health care services to students in the DYS System.

The medical staff at Mt. Meigs Campus do not conduct forensic examinations. Forensic exams are completed by The Lighthouse which provides twenty-four (24) hour crisis intervention services for victims of sexual assault. The Program Director at The Lighthouse verified the contract between DYS and The Lighthouse and that Sexual Assault Nurse Examiners (SAFE) have received extensive training that follows the Forensic Nurse Guidelines. Mental Health Staff including agency staff and contracted mental health staff from Auburn University have also completed the National Institute of Corrections (NIC) Specialized PREA Training for Medical and Mental Health Practitioners.

#### **Interview Results:**

- Interviews with the Medical Director, Medical Nurse, agency and contracted Mental Health Staff, Agency Treatment Coordinator and the confirmed their understanding of the requirement to complete the specialized training, verified completing the course and participating in the annual basic PREA training.

## **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? ☒ Yes ☐ No

#### **115.341 (b)**

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

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ 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? ☒ 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? ☒ Yes ☐ No

#### 115.341 (d)

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

## Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Medical and Health Care Services Policy and Procedures 12.11
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.341 Occurrence of PREA Risk Reassessment during the past twelve (12) months
- Alabama DYS Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization Template and Sample Assessments
- PREA Form 115.341.2 Guidelines for PREA Shared Information

## Interviews:

- PREA Coordinator
- Campus Administrators
- Intake Staff
- Staff that perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random and Targeted Residents

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and State of Alabama Department of Youth Services Medical and Health Care Services Policy and Procedures 12.11 requires that all juveniles shall be screened within twenty-four (24) hours of admission to a facility or transfer to another facility for risk of Sexual Abuse and Sexual Victimization or Sexual Abusiveness toward other juveniles. The Agency PREA Form

115.341, Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization Assessment- an objective screening instrument- is administered to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly from the results of the screening assessment.

The Youth Services Case Manager is required to conduct this interview at intake to ascertain information about a juvenile's personal history and behavior to reduce the risk of Sexual Abuse by or upon a juvenile. At a minimum, Mt. Meigs Campus facility is required to attempt to ascertain information about: prior Sexual victimization or abusiveness; any gender nonconforming appearance or mannerisms, or self- identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may, therefore, be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the juvenile's own perception of vulnerability; and; any other specific information about individual juveniles that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other juveniles.

The facility uses Alabama Department of Youth Services Screening for Assaultive Behavior, Sexual Aggressive Behavior and Risk for Sexual Victimization. The reviewed instrument addresses all requirements of this standard. Upon completion of PREA Form 115.341 Intake Screening, the treatment coordinator at the facility shall review the form to determine if the juvenile was identified at intake as high risk for vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior that would require special services. At a minimum, the facility shall reassess each juveniles risk of victimization or abusiveness within thirty (30) days after the juvenile's arrival at the Facility, based on any additional information received by the Facility since the intake screening.

The instrument's appearance was recently updated but still covers all requirements of this standard. Information is ascertained through conversations with the resident during the intake process and medical health screening and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file. The agency policy also requires that the resident's risk level be reassessed periodically throughout the resident confinement. Risk reassessments are documented using the PREA Risk Reassessment form. Sample Screening for Assaultive Behavior and Sexually Aggressive Behavior and for Sexual Assault instruments were provided and reviewed. Also, periodically, at least every six (6) months throughout their confinement or when warranted due to a referral, request, incident of Sexual Abuse, or receipt of additional information that bears on the Juvenile's risk of Sexual Victimization or abusiveness, PREA Form 115.341.1 PREA Risk Reassessment shall be completed. The reviewed documents contained all information required by the standards. Samples of reassessments were also provided and reviewed. The facility's policies limit staff access to this information on a "need to know basis."

Alabama DYS ensures that appropriate controls on the dissemination of information obtained through the classification process are in place and that the information is handled with the highest level of confidentiality and is not exploited to the resident's detriment by staff or other residents. This information is contained in resident folders, which are stored in the office and locked and are thus located in a secure area not accessible by other residents and staff.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 160.

#### **Interview Results:**

- With regards to youth screening questions (115.341), twenty-three (23) residents were asked, “when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse. One (1) resident could not remember if he was asked since it was a long time ago. When the auditor asked if staff ever asked the screening questions again of the twenty-four (24) residents, eighteen (18) residents indicated they have been asked the question more than once, four (4) residents stated they were not asked the question on more than one occasion, and two (2) residents were not applicable because they were recently placed within the past three months. Of the four (4) residents that stated “no,” they have not been asked the question more than one time, a file review was completed and records indicated the residents were asked the question on more than one occasion.
- Six (6) residents were interviewed who reported sexual abuse; four (4) residents remembered receiving a risk re-assessment and two (2) stated “no” or could not remember. Resident file records indicated the residents were re-assessed for risk of vulnerability and aggressiveness based on reporting sexual abuse.
- During the on-site visit, the auditor interviewed Intake Staff and asked if staff could walk him through the intake process. The Intake staff detailed the intake process by explaining the process when a resident is admitted to the facility. Intake staff provided documentation such as the Zero Tolerance Policy, the procedure for residents who report incidents of sexual abuse, and the rights to be free from sexual abuse and free from retaliation. The Intake staff further stated that all residents who enter the facility receive the information and are made aware of their rights within the first twenty-four hours of admission. Record sample indicated intake requirements were met within the twenty-four hour time frame.
- Staff who performed the Screening for Risk of Victimization and Abusiveness assessment stated that residents admitted to the facility are screened for risk of victimization and abusiveness and expressed knowledge on what the initial risk screening considers and the process for conducting the initial screening. The staff articulated the rationale with obtaining ascertain information about any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender and intersex, and whether the resident may therefore be vulnerable to sexual abuse.

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

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ 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?) ☒ 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?) ☒ 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? ☒ 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Medical and Health Care Services Policy and Procedures 12.11
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.342 Occurrence of PREA Risk Reassessment during the past twelve (12) months
- 115.342 Occurrence of Housing Unit Placement for Transgender or Intersex Juveniles during the past twelve (12) months
- 115.342 Occurrence of Isolation during the past twelve (12) months
- Alabama DYS Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization Template and Sample Assessments
- PREA Form 115.341.2 Guidelines for PREA Shared Information
- Alabama DYS Housing Unit Placement Form for Initial Housing Assignments and Re-Assignments
- Alabama DYS Isolation Activity Log

### Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager

- Screening Staff
- Intake Staff
- Random Residents

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, State of Alabama Department of Youth Services Medical and Health Care Services Policy and Procedures 12.11 and the Alabama DYS Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization Assessments requires that the facility uses the information obtained with the goal of keeping all residents safe and free from sexual abuse, to make housing, bed assignments, work assignments, education assignments, and programming assignments.

Alabama DYS policy states that juveniles at risk of sexual victimization, or those juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. Whenever a juvenile is held in isolation for protective reasons, a statement of the basis for the facility's concerns for the juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the juvenile's administrative file. During any period of isolation, facilities shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Residents held in isolation due to being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population.

Policy further states that lesbian, gay, bisexual, transgender, or intersex residents shall not be assigned to particular housing, bed, or other activities solely on the basis of such identification or status, nor shall facilities consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. In deciding whether to assign a transgender or Intersex residents to a facility for male or female Juveniles, and in making other housing and programming assignments, the facility shall 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. Placement and programming assignments for each transgender or intersex Juvenile shall be reassessed at least twice each year to review any threats to safety experienced by the Juvenile using PREA Form 115.341.1 PREA Risk Reassessment. A transgender or Intersex juvenile's own views with respect to his or her own safety shall be given serious consideration in determining safety issues. Transgender and intersex juveniles shall shower separately from other juveniles.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

#### **Interview Results:**

- The interviews with the PREA Coordinator, Compliance Manager, Intake Staff, and staff performing risk screening indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on identification status for protecting such residents.
- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely on the basis of their sexual orientation, genital status, or gender identity. They specified that the facility will house these residents in the general population unless requested by the resident for special housing for safety issues.

## **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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No



- Does that private entity or office allow the resident to remain anonymous upon request?  
☒ 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? ☒ 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? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.351 (d)

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

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Youth Grievance Process Policy and Procedures 1.13

- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.351 Non-Occurrence of Juveniles Submitting a Grievance Alleging Sexual Abuse, Harassment and/or Staff Neglect or Violations of Responsibilities during the past twelve (12) months
- 115.351 Occurrence of Juveniles Report Abuse or Harassment to a Public or Private Entity or Office during the past twelve (12) months
- Alabama DYS Form 1.28 DYS Youth Grievance Form
- 2018 Mt. Meigs Campus Student Handbook
- Facility Response to a Grievance Form
- Alabama DYS Youth Grievance Form
- Alabama Disabilities Advocacy Program Hotline Notice
- PREA Form 115.333 Juvenile Confirmation of Receipt of PREA Form
- Alabama DYS PREA Hotline Message
- Poster: 5 Ways of Reporting in English and Spanish versions
- Important Numbers for Juveniles to Report Sexual Abuse

#### **Interviews:**

- Chief Advocate
- PREA Coordinator
- Campus Administrators
- Advocate Representative
- Random Staff
- Random Residents

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, State of Alabama Department of Youth Services Youth Grievance Process Policy and Procedures 1.13 provides multiple internal ways for residents to report sexual abuse and harassment retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are provided multiple ways to report sexual abuse and sexual harassment or retaliation. The multiple ways to report are verbally (tell a friend, staff member or someone you trust), by utilizing the grievance box, by calling the Alabama DYS Sexual Assault Hotline, and by reporting anonymously or to a third party (tell a parent or guardian.) Posters were observed throughout the facility and are designed with bright colors. They were eye-catching and give the five ways to report sexual abuse and harassments. Posters are placed throughout the facility, namely in the housing and living units and programming areas.

The resident handbook is another resource in which the facility provides residents multiple ways to report. These include the following: “Tell a staff member as soon as possible if you or someone you know has been sexually assaulted, have been threatened, or are being asked to do something sexually. You can tell your Case Manager, Advocacy Representative, Psychologist, Chaplain, Campus Administrator, Shift Supervisor, Medical Staff, Dorm Manager, Teacher, or any other staff member. Sexual assault can also be reported by calling the Alabama DYS Sexual Assault Hotline at 855-332-1594.” The resident handbook is written in English and Spanish versions. A test call was completed and a message was left by dialing the Alabama DYS

Sexual Assault Hotline. Within a few hours on the same day, the message was received and notification was given to the auditor.

Staff members are instructed to keep the reported information confidential and only discuss it with the appropriate officials who have a need to know in order to perform their duties. Persons who report sexual misconduct will be free from retaliation. Residents are able to report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents to an Alabama Disabilities Advocacy Program (ADAP.) The notice (in the form of a poster) had the mailing address where residents can report in writing. A test call was made through the ADAP telephone number and a message was left for a representative to return my call. At the time of this report, a return call from ADAP was not returned. The Alabama DYS requires that residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and officials of the Department of Homeland Security. The facility provides contact information to the residents as well.

While touring the entire detention facility, it was observed in the living areas postings of the PREA information (posters), other facility information, grievance boxes (located in the Gymnasium, Medical Suite, and Library), and the grievance boxes with forms near each area. The victim advocate information postings were observed near the telephone. Reporting procedures are provided to residents through the juvenile handbook. During the tour, the auditor tested the grievance and reporting process by placing a written notice inside the boxes verifying the reporting mechanism. Approximately a week later, the auditor was notified by the PREA Compliance Manager the Advocate Representative received indications of receiving the letter.

Resident interviews indicated that they know at least one way to report sexual abuse and sexual harassment by telephoning the hotline or by speaking with a staff they trust, and about the anonymous reporting capability, but possessed limited knowledge of third party reporting by having or knowing someone else who could make the report for them so that they do not have to give their name.

#### **Interview Results:**

- Twenty-four (24) residents interviewed confirmed they received information through a numerous sources instructing them how to report any allegations of sexual abuse, sexual harassment or retaliation.
- The residents gave several ways they could report sexual abuse and harassment; they can report verbally, in writing and through third parties. Most residents stated that they have at least one staff member they could trust to report sexual abuse, namely their therapist or case manager.
- Residents were aware of how to access the hotline. They also were knowledgeable of the grievance process and expressed no doubt or uncertainty that if they filed a grievance, the matter would be taken serious and the matter would be resolved in a timely manner.
- Random staff were very knowledgeable and knew of many ways both staff and residents could report sexual abuse and harassment.

### **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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.)  
☒ 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.) ☒ 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.)  
☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.)  
☒ 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.) ☒ 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.)  
☒ 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.) ☒ 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.) ☒ 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.) ☒ 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.) ☒ 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

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### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Youth Grievance Process Policy and Procedures 1.13
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.352 Occurrence a of Juvenile submitting a grievance regarding an allegation of sexual abuse during the past twelve (12) months
- 115.352 Occurrence of Third-party Reports of Sexual Abuse and Sexual Harassment during the past twelve (12) months

- Alabama DYS Form 1.28 DYS Youth Grievance Form
- 2018 Mt. Meigs Campus Student Handbook
- Facility Response to a Grievance Form
- Alabama DYS Youth Grievance Form
- PREA Form 115.333 Juvenile Confirmation of Receipt of PREA
- PREA Form 115.354 Third Party Reporting for Sexual Abuse, Sexual Assault, and Sexual Harassment
- Alabama DYS Entrance Letter to Parents

#### **Interviews:**

- Agency Designee- Deputy Director
- Chief Advocate
- Advocate Representative
- PREA Coordinator
- Campus Administrators
- Random Residents
- Random Staff

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, State of Alabama Department of Youth Services Youth Grievance Process Policy and Procedures 1.13 indicates the agency and facility has an administrative procedure for dealing with resident grievances regarding sexual abuse. The grievance process is available to all residents, who are allowed to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

The agency grievance policy provides for youth to file a grievance using DYS Form 1.28, DYS Juvenile Grievance Form. In the event that a resident grievance form is not available, a grievance may be written on any other paper and placed in a locked grievance box. During the tour of the facility, the auditor observed grievance forms available and accessible to youth throughout the facility. When the resident completes the grievance, the resident places the form in a locked grievance box. Grievance boxes are placed in common areas where residents have easy accessibility. Any resident grievance filed against a facility administrator/program director can be mailed directly to the Office of the Chief Advocate. Residents place their grievances in an envelope and address the envelope to the Chief Advocate and place it in the grievance box. During the tour, the auditor tested the grievance and reporting process by placing a written notice inside the boxes verifying the reporting mechanism. Approximately a week later, the auditor was notified by the PREA Compliance Manager that the Advocate Representative received indications of receiving the letter. Retaliation or the threat of retaliation from any agency or contract employee toward any resident for using the resident grievance process is strictly prohibited. Appropriate disciplinary actions are taken against any employee found to be in violation of the policy.

The Grievance Policy provides for third-party grievances and for allowing third parties to assist the youth in filing a grievance. If a resident declines to have third party assistance in filing a grievance alleging sexual abuse, the facility documents the residents' decision to decline. The policy allows parents or legal guardians

of a resident to file a grievance alleging sexual abuse, including appeals, on behalf of resident, regardless of whether or not the resident agrees to have the grievance filed on his behalf.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was 0
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported was 0.

#### **Interview Results:**

- According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.
- Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility.
- Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the reporting or grievance boxes.

### **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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ 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? ☒ Yes ☐ No



- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ 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? ☒ 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? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

#### 115.353 (d)

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

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1

- State of Alabama Department of Youth Services Youth Grievance Process Policy and Procedures 1.13
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.352 Occurrence a of Juvenile submitting a grievance regarding an allegation of sexual abuse during the past twelve (12) months
- 115.352 Occurrence of Third-party Reports of Sexual Abuse and Sexual Harassment during the past twelve (12) months
- Memorandum of Understanding with Lighthouse Counsel Center the Rape Crisis Center/ Child Advocacy Center
- PREA Posters, Ways to Report in English and Spanish versions
- Alabama Disabilities Advocacy Program Hotline Notice
- PREA Form 115.333 Juvenile Confirmation of Receipt of PREA Form
- Alabama DYS PREA Hotline Message
- Important Numbers for Juveniles to Report Sexual Abuse
- 2018 Mt. Meigs Campus Student Handbook
- 2018 Alabama DYS Form 100.8 Informed Juvenile Verification Form
- PREA Form 115.333 Juvenile Confirmation of Receipt of PREA Form
- Notice of Important Numbers for Juveniles to Report Sexual Abuse

#### **Interviews:**

- Agency PREA Coordinator
- Campus Administrator
- Random Residents

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and State of Alabama Department of Youth Services Youth Grievance Process Policy and Procedures states that facilities shall provide juveniles with access to outside Victim Advocates for emotional support services related to Sexual Abuse, by posting mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between juveniles and these organizations and agencies, in as confidential a manner as possible. Postings with the contact numbers included within the facility were specifically the DYS Sexual Assault and The Lighthouse Rape Crisis Center twenty-four (24) hour hotline, ADAP-Alabama Disabilities Advocacy Program, and for residents detained solely on Civil Immigration purposes, the Alabama Department of Homeland Security were provided by the agency/facility.

The facility shall 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. Facilities shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide juveniles with confidential emotional support services related to sexual abuse. The agency shall maintain copies of

agreements or documentation showing attempts to enter into such agreements. The facility also provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Resident interviews confirmed their knowledge of how to access these outside services, knowledge of what kind of services are provided to them, when they are able to talk with people from these services, and the knowledge of what is said that remains private related to mandatory reporting law.

#### **Interview Results:**

- Twenty-one (21) out of twenty-four (24) residents interviewed knew if there were services available outside of the facility for dealing with sexual abuse if they would ever needed, knew what kinds of services were available, when they could speak with such services, and what is said remains private. The auditor was very impressed on the resident's overall knowledge on this related topic.

### **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**

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### **Supporting Documents, Interviews and Observations:**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.354 Occurrence of Third-party Reports of Sexual Abuse and Sexual Harassment during the past twelve (12) months
- Alabama DYS Webpage on how to make a third party report of sexual abuse
- Alabama DYS Third Party Reporting for alleged Sexual Abuse, Sexual Assault, and Sexual Harassment

### **Interviews:**

- Agency PREA Coordinator
- Campus Administrators
- PREA Compliance Manager

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 indicated a third party reporting form, PREA Form Third Party Reporting for Sexual Abuse or Sexual Harassment, is also available on the DYS PREA website for reporting allegations. Staff is required to accept and document all reports of Sexual Abuse or Sexual Harassment made verbally, in writing, anonymously, or from third parties using DYS Form 812 Critical Incident Report.

The Alabama Department of Youth Services recently updated the graphics on their website which is easy to navigate. There is a specific page set aside specifically for PREA Frequently Asked Questions and on this page there is a question, "How do I report sexual abuse?" When clicking on the Third-Party Reporting for Sexual Abuse/Assault/and Harassment, The Third Party Reporting for alleged Sexual Abuse, Sexual Assault and Sexual Harassment is accessible to provide details of an alleged incident. After completing the form, the reporter can sent via email to the PREA Coordinator.

The website also provides several options if you suspect sexual abuse that happened at ADYS/private contract service provider facility; you have several options for reporting. You may call the ADYS PREA Coordinator at 205-836-6618; or you may call the ADYS Sexual Assault Hotline at 1-855-332-1594. If you prefer, you may call and report to the Sheriff or Police Department in the location where the allegations occurred. Third Party Reporters are encouraged to have any information or evidence available for the investigator who will be assigned to handle the case. All reports are taken seriously and investigated as outlined in PREA and ADYS rules and procedures. Third Parties can also report to the Sheriff or Police Department or online. The Intake/Case Manager staff provides the parent/guardian with a packet containing varied forms, and third-party reporting information.

## **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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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.) ☒ 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? ☒ 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? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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*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.*

#### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14
- State of Alabama Department of Youth Services Child Abuse and Neglect Policy and Procedures 13.6
- The Code of Alabama Section 26-14-3 Mandatory Reporting
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.361 Occurrence of Incidents of Sexual Abuse or Sexual Harassment during the past twelve (12) months

- Alabama Department of Youth Services Form 8.12 Incident Report
- Alabama Mandatory Reporting Law Pamphlet
- 115.354 Third Party Reporting Form
- 115.361 Occurrence of Parent, Attorney, Guardian Notification Form during the past twelve (12) months
- 115.361 Occurrence of Mandatory Child Abuse Reporting Form during the past twelve (12) months
- 115.361 Occurrence of Anonymous Reports during the past twelve (12) months
- 115.361 Occurrence of Third Party Reporting of alleged Sexual Abuse, Assault, and Harassment during the past twelve (12) months
- 115.361 Occurrence of Need to Obtain Medical Consent during the past twelve (12) months
- PREA Form 115.341.2 Alabama DYS Guidelines for PREA Shared Information Form
- Alabama Department of Human Resources DHR-FCS-1593 Child Abuse Reporting Form

#### **Interviews:**

- Agency Designee- Deputy Director
- Agency PREA Coordinator
- Campus Administrators
- PREA Compliance Manager
- Random Staff
- Medical Director
- Medical and Mental Health Staff
- Intake Staff

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14, State of Alabama Department of Youth Services Child Abuse and Neglect Policy and Procedures 13.6, and The Code of Alabama Section 26-14-3 Mandatory Reporting requires that all reportable incidents must be reported in accordance with the Code of Alabama, 1975. Policy also requires that employees comply with all other DYS policies regarding reporting incidents and critical incidents. DYS Employees are mandated reporters. Alabama Department of Youth Services PREA Policy requires all staff to immediately report any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or sexual harassment and retaliation against residents or staff that occurred in the facility. Policy also requires that staff report all verbal statements and document them by the end of the shift.

#### **Interview Results:**

- All staff interviewed indicated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff also are aware of the facility procedure for reporting any information related to a resident sexual abuse allegation.

- Interviewed Medical and Mental Health staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.362 Occurrence of Imminent Sexual Abuse during the past twelve (12) months
- Alabama Department of Youth Services Form 8.12 Incident Report
- Alabama Department of Youth Services Housing Unit Placement Form
- 115.362 Occurrence of Imminent Sexual Abuse during the past twelve (12) months
- 115.362 Occurrence of Isolation during the past twelve (12) months
- Alabama DYS Isolation Activity Log



## Interviews:

- Agency Designee- Deputy Director
- Agency PREA Coordinator
- Campus Administrators
- PREA Compliance Manager
- Random Staff

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8. requires when a staff learns that a juvenile is subject to a substantial risk of imminent sexual assault, immediate action shall be taken to protect the juvenile and reporting shall be sent up the chain of command. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

In the course of documentation and interviews with the Deputy Director, PREA Coordinator, Campus Administrators, PREA Compliance Manager, and random staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Random staff indicated that if a resident was in danger of sexual abuse and at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate the resident from the alleged perpetrator, and contact their immediate supervisor. If the potential abuser was a staff member, staff reported that the staff would be placed on administrative leave pending the outcome and result of the investigation, and if the allegation was substantiated the presumed action would be termination. Additionally, the resident would be referred for medical and mental health services. All residents interviewed reported they feel safe and, more importantly, sexual safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews:

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was 0.

## Interview Results:

- Interview with the PREA Coordinator, Division Director, and PREA Compliance Manager, and Random Staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment, and transfers residents to another living unit based on the safety and security of all residents.

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

#### 115.363 (b)

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

#### 115.363 (c)

- Does the agency document that it has provided such notification? ☒ 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? ☒ 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.*

#### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.363 Non-Occurrence of Imminent Sexual Abuse during the past twelve (12) months
- Alabama DYS Reporting to Other Confinement Facilities Form

**Interviews:**

- Agency Designee- Deputy Director
- Campus Administrators
- PREA Coordinator
- Random Staff

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, PREA Standards Compliance Checklist, Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities), 115.363 Non-Occurrence of Imminent Sexual Abuse during the past twelve (12) months requires that upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency, using PREA Form 115.363, Reporting to Other Confinement Facilities.

The agency developed a detailed reporting form to document the notification and to ensure that an investigation is made, if one has not already been completed. Notification is required to be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. The Campus Administrators who receive such notification shall ensure that the allegation is investigated in accordance with PREA standards. The outcome of the investigation shall be provided to the facility that initiated the allegation from the juvenile. The Alabama DYS Mt. Meigs Campus, 115.363, Reporting to other Confinement Facilities Form, documented that there were no occurrences of a youth alleging sexual abuse at another confinement facility during the period January 1, 2018 through December 20, 2018.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was 0.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

**Interview Results:**

- Interviews with the Agency Designee- Deputy Director, PREA Coordinator, the Campus Administrators, and PREA Compliance Manager indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If it involves a resident they would monitor that resident until investigation is completed.

**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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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.*

#### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1

- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.364 PREA First Responder Checklist for Sexual Assault Allegations
- 115.364 First Responder Guidelines for Sexual Assault

#### Interviews:

- Agency PREA Coordinator
- Campus Administrator
- PREA Compliance Manager
- Medical staff
- Random Staff and First Responders

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, PREA Standards Compliance Checklist, Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities), 115.364 PREA First Responder Checklist for Sexual Assault Allegations, 115.364 First Responder Guidelines for Sexual Assault outlines the expectations on multiple documents as mentioned above in policy and procedures. The Staff Receipt of PREA Acknowledgment Form documents staff understanding of the first responder duties and acknowledges that the staff understands the PREA Written Institutional Plan.

DYS Policy requires that upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse is reported within 72 hours and still allows for the collection of physical evidence, **ensure** that the alleged victim and the alleged abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; 4.) the staff First Responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence- and then to notify his/her supervisor. Refer to PREA Form 115.364 First Responder Checklist and PREA Form 115.364.1 First Responder Guidelines for Sexual Abuse/Assault, 5.) Staff shall follow PREA Form 115.371 Process for Investigating an Allegation of Sexual Abuse and report up the chain of command as indicated.

The PREA Form 115.364.1, First Responder Guidelines for Sexual Assault at the Department of Youth Services Facilities #7) If you're responding to an assault that was recent, you'll need to do your best to **ensure that the victim and perpetrator** involved don't compromise the evidence by immediately showering, washing, using the toilet, changing their clothes, eating or drinking, brushing their teeth, or rinsing their mouth until all physical evidence is obtained. Also, do not allow any bedding or sheets to be removed and do not allow any fluids to be cleaned up. Safe guard any items found at the scene or given to you by the victim.

During the pre-audit phase, the auditor recommended the policy, checklist, and any relevant training material documentation relating to first responder duties reflect exact word verbiage as written in the standards, specifically, the word "request" the alleged victim and "ensure" the alleged abuser be amended

in the policy and PREA Form 115.364.1, First Responder Guidelines for Sexual Assault at the Department of Youth Services Facilities checklist, and any relevant training materials. The agency accepted and updated the policy, procedure, and relevant documentation. There were six (6) allegations of sexual abuse during the past twelve (12) months. Supporting documentation such as the incident and investigation reports indicated first responder duty responsibilities were followed by policy and procedure.

Random staff and first responder interviews validated this technical knowledge of actions to be taken upon learning that a resident was sexually abused; however, a high number of random staff interviewed had difficulty in providing the action steps identified in the policies and procedures, had limited knowledge of their responsibilities and duties as first responders, and were unaware of why they perform these duties. During the evidence review phase, the facility updated the first responder duties in policy and modified the noted checklist. The facility also re-trained staff on first responder duties consistent with the revised policies and procedures. The facility PREA Compliance Manager sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance of the standards.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused as six (6).
- In the past 12 months, of the allegations that a resident was sexually abused the number of times a non-security staff was the first responder were zero.

#### Interview Results:

- Ten (10) out of fourteen (14) random staff interviewed could not indicate the action steps identified in the policies and procedures, had limited knowledge of their responsibilities and duties as first responders, and were unaware of why they do these duties.

## 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.*

### **Supporting Documents, Interviews, and Observations**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Mt. Meigs Sexual Abuse Coordinated Team Response Plan

### **Interviews:**

- PREA Coordinator
- Campus Administrator
- PREA Compliance Manager
- Random Staff

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, PREA Standards Compliance Checklist, Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities), and the Mt. Meigs Sexual Abuse Coordinated Team Response Plan all were developed to communicate the roles of responders, including direct care staff, medical staff, mental health staff, and administrators. These roles are addressed in the Coordinated Response Flow Chart, the Written Institutional Response Plan and the Guidelines for Sexual Assault at the Department of Youth Services Facilities. The agency's PREA policy Coordinated Response Plan clearly details the duties and responsibilities beginning with employees reporting allegations of sexual abuse to their supervisor, the supervisor notifying the Campus Administrator, the Campus Administrator then notifying the facility PREA monitor and designated investigator, medical and mental health practitioners reporting sexual abuse and referring for services and lastly the Campus Administrator notifying DYS Office of Programs and Client Services at Central Office. The flow chart describes the roles of each player in responding to an allegation or incident of sexual abuse and provides clear instructions to staff.

After a review of the written institutional plan, the auditor determined that plan appeared to list all the PREA standards corresponding with agency policies and supporting documentation. Within the Written Institutional Plan, Coordinated Response section, there is only one sentence that summarizes Agency's Policy, Response Flow Chart, and the Guidelines for Sexual Assault at the Department of Youth Services Facilities. It was recommended to revise the Written Institutional Plan to match or closely align with Policy,

the Flow Chart, and the Guidelines document. The agency accepted the change and has updated the Written Intuitional Plan with the relevant information. The PREA Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility exceeds the standard, given the overarching comprehensive approach with all supporting documentation provided by the Agency and facility.

#### Interview Results:

- Interviews with the PREA Coordinator, Campus Administrators, PREA Compliance Manager, and Random staff indicated the facility has a very detailed system in place providing the staff with clear actions to be taken by each discipline for accessing; contacting administrative staff, medical and mental health staff, and contacting law enforcement, victim advocate services, and a number of other individuals.
- All staff interviewed were asked where the coordinated response plan was in designated areas which were strategically placed throughout the facility.

### 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.*

#### **Supporting Documents, Interviews and Observations:**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.366 Occurrences of Administrative Leave or Governmental entity responsible for collective bargaining
- 115.366 Occurrences of Notification Letter during the past twelve (12) months during the past twelve (12) months

#### **Interviews:**

- Agency Designee- Deputy Director
- PREA Coordinator
- Campus Administrators

The Agency PREA Coordinator provided a Memorandum with the subject being 115.366 preservation of ability to protect juveniles from contact with abusers. The memo stated that the agency or facility is not involved in collective bargaining. Memo also stated that there is nothing that limits the agency's ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Finally, the memo stated that Alabama is a right to work state and does not have any union employees.

#### **Interview Results:**

- Interviews with the Agency Designee- Deputy Director, PREA Coordinator, stated that Alabama is a right to work state and is not involved in collective bargaining nor does the agency have any union representation for its employees.

### **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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

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

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
☒ 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?  
☒ 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.29
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.367 Occurrences of Administrative Leave or Governmental entity responsible for collective bargaining
- 115.367 Occurrences of Housing Unit Placement Based on Retaliation during the past twelve (12) months
- Alabama DYS Housing Unit Placement Form

- 115.367 Occurrences of Protections Against Retaliation during the past twelve (12) months
- Alabama DYS 115.367 Protections Against Retaliation Form
- 115.367 Occurrences of Treatment Notes regarding Retaliation during the past twelve (12) months
- Alabama DYS Investigative Outcome of Allegations of Sexual Abuse and Sexual Harassment

#### **Interviews:**

- Agency PREA Coordinator
- Agency Designee- Deputy Director
- PREA Coordinator
- Campus Administrator
- PREA Compliance Manager

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and the State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.29 states that any employee or juvenile of the Department of Youth Services is prohibited from retaliating against other employees or juveniles for reporting allegations of Sexual Abuse or Sexual Harassment. Employees and/or juveniles who are found to have violated this prohibition shall be subject to disciplinary action. The facility is required to act promptly to remedy any form of retaliation.

The agency protections from retaliation are to be afforded to all juveniles and staff who report Sexual Abuse or Sexual Harassment and who cooperate with Sexual Abuse or Sexual Harassment investigations. The Campus Administrator designated the PREA Compliance Manager as the staff person charged with monitoring retaliation. The facility employs multiple protection measures, including housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations. Retaliation monitoring continues in 30 day increments until at least 90 days following a report of Sexual Abuse is documented on the PREA Form 115.367 Protections against Retaliation; however, the facility goes beyond that time frame if the resident or staff needs that extension. The facility monitors juvenile disciplinary reports, housing or program changes as well as negative performance reviews or reassignments of staff. In the case of juveniles, monitoring will include periodic status checks, to determine if resident levels are lost for legitimate causes.

Over the past twelve months, the facility reported six (6) sexual abuse allegations and there were no incidents of retaliation in all allegations. The facility stated there were no occurrences of retaliation in all six (6) allegations from either the residents and or staff from January 1, 2018 through December 20, 2018. The interview with the PREA Compliance Manager confirmed that she monitored for retaliation to include period checks over the designated time period of 90 days, resulting in zero cases of retaliation. When there are cases of retaliation, the PREA Compliance Manager records on the PREA form 115.367-Protections against Retaliation all relevant information including protective measures, items that show cases of retaliation and notes in the week of the occurrence of retaliation, and comments including remedy for retaliation. In future retaliation monitoring, it was recommended to the PREA Coordinator and PREA Compliance Manager to document within the week the status check that is conducted note any occurrence

and add a comment if there were or were not any reports of retaliation. For the one open allegation requiring retaliation monitoring, the PREA Compliance Manager documented over the past month periodic checks and noted the outcomes.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was 0. There was supporting documentation to show that retaliation was monitored during the ninety (90) days for the six (6) sexual abuse allegations.

#### Interview Results

- Interview with (6) residents who reported sexual abuse, four (4) of the six (6) indicated the PREA Compliance Manager checked in periodically throughout several months. Two (2) residents could not remember given it was nearly a year ago. Confirmation from the PREA Compliance Manager indicated the two (2) residents were monitored for retaliation.

### Standard 115.368: Post-allegation protective custody

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

#### 115.368 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

#### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.368 Occurrences of a Housing Unit Placement of a Juvenile Who is Alleged to Have Suffered Sexual Abuse
- Alabama DYS Housing Unit Placement Form
- Alabama DYS Isolation Activity Log

#### **Interviews:**

- Agency Designee-Deputy Director
- PREA Coordinator
- Campus Administrator
- PREA Compliance Manager
- Specialized Staff
- Random Staff

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, PREA Standards Compliance Checklist, Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities), 115.368 Occurrences of a Housing Unit Placement of a Juvenile Who is Alleged to Have Suffered Sexual Abuse, Alabama DYS Housing Unit Placement Form, and the Alabama DYS Isolation Activity Log provides for juveniles at risk of sexual victimization, or those juveniles alleging sexual assault, to be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged.

Whenever a juvenile is held in isolation for protective reasons, a statement of the basis for the facility's concerns for the juvenile's safety as well as the reason why alternative means of separation cannot be arranged shall be placed in the juvenile's administrative file. During any period of isolation, facilities shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained utilizing PREA Form 115.342.1 Isolation Activity Log. Juveniles held in isolation because of being at risk of Sexual Victimization, shall be afforded a case review every (30) thirty days to determine whether there is a continuing need for separation from the general population.

The DYS Mt. Meigs Campus Occurrence of a Housing Unit Placement of a Juvenile Form indicated that there were no youth placed in isolation for protective care between January 1, 2018 to December 20, 2018. This also includes up until the on-site visit occurred on January 22, 2019.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was 0.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

#### **Interview Results:**

- Interviews with the Agency Designee- Deputy Director, PREA Coordinator, Campus Administrators and PREA Compliance Manager indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If it involves a resident they would monitor that resident until investigation is completed.
- Specialized and random staff indicated that the alleged abuser would be moved to another unit or facility.
- Random residents interviewed stated they have never been placed into isolation for any reason while placed at the facility.

## **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? ☒ 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? ☒ 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?  
☒ 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? ☒ Yes ☐ No

#### 115.371 (g)

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

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
☒ 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?  
☒ 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?  
☒ 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).) ☒ 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.*

#### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14

- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Alabama DYS Process for Investigating Sexual Assault Allegation
- 115.371 Occurrence of Investigative Outcomes of Criminal and Administrative Investigations
- Alabama DYS Investigative Outcomes of Allegations of Sexual Abuse and Sexual Harassment Forms
- National Institute of Corrections Certificates of completion on Specialized PREA Training Investigating Sexual Abuse in a Confinement Setting

#### **Interviews:**

- Agency Designee- Deputy Director
- Administrative Investigator
- PREA Coordinator
- Campus Administrator
- PREA Compliance Manager

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14 requires that when the Facility conducts its own investigations into allegations of Sexual Abuse and Sexual Harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency uses investigators who have received specialized training in the sexual abuse investigations involving juvenile victims as required by 115.334. Mt. Meigs Campus has two (2) investigators who completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. Specialized training certificates indicated the two (2) investigators completed the training on December 19th and 20th, 2018.

ADYS has a Special Investigation Unit (SIU) that is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged in DYS operated facilities following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Contract Service Providers must have their own process for conducting criminal and administrative investigations. When it appears that allegations of Sexual Abuse and Sexual Harassment are supported by evidence of criminal behavior, the SIU or private provider investigators ensure that the allegations are referred for investigation to law enforcement.

An agreement with law enforcement shall specify that administrative and criminal investigations shall be conducted pursuant to the requirements of PREA Standard §115.371. All referrals shall be documented. The responsibilities for conducting investigations shall be published on the Agency PREA website. All investigators assigned to conduct Sexual Abuse and Sexual Harassment allegations shall receive special training in Sexual Abuse investigations involving juvenile victims. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator.

The policy further states that facilities shall not terminate an investigation solely because the source of the allegation recants the allegation. The investigator in concert with legal counsel shall review the investigation to decide when the quality of evidence appears to support criminal prosecution. The investigator shall make the request for law enforcement to conduct criminal investigation via a documented telephone contact. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as juvenile or staff. No facility shall require a juvenile who alleges Sexual Abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations shall include an effort to determine whether staff action or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The investigator in concert with legal counsel shall review the investigation to decide when the quality of evidence appears to support criminal prosecution. The investigator shall make the request for law enforcement to conduct criminal investigation via a documented telephone contact. Facilities shall retain all written reports 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 and applicable law requires a shorter period of retention. The departure of the alleged abuser or victim from the employment or control of the facility or shall not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse, facilities shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the on-going investigation. At the conclusion of all PREA investigations, the investigator shall complete PREA Form 115.371.1 Investigative Outcomes of Allegations of Sexual Abuse or Sexual Harassment and submit it to the facility PREA compliance monitor for processing with the juvenile.

The Alabama Department of Youth Services Mt. Meigs Campus has a Memorandum of Agreement (MOU) with the Montgomery County Sheriff's Office that specifies that administrative and criminal investigations will be conducted pursuant to the requirements of PREA Standard 115.371. According to the Memorandum, the Montgomery County Sheriff's Office will provide investigative services to residents and staff of the Mt. Meigs Campus of the Alabama Department of Youth Services pursuant to standard 115.321 (Evidence Protocol & Forensic Medical Examinations), standard 115.334 (Special training: Investigations), and standards 115.371 (Criminal and Administrative Agency Investigations) on a 24 hours a day basis. The MOU services provided by the Montgomery County Sheriff's Office includes investigating allegations of sexual abuse by qualified staff who are screened for appropriateness to serve in this role and who have received training concerning sexual assault and forensic examination issues in general.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.

- There were six (6) allegations; there have been no reported investigations that appeared to be criminal and referred for prosecution according to state law of alleged facility staff or resident's inappropriate sexual behavior in the facility in the past twelve (12) months.

#### Interview Results:

- When interviewed, the Deputy Director, Administrative Investigator, Internal Investigations, PREA Coordinator, Campus Administrator, and PREA Compliance Manager were knowledgeable with the standard related to administrative or criminal investigations.

### 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.*

#### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.372 Occurrence of Dismissal Letter from Director during the past twelve (12) months.

## Interviews:

- Agency Designee- Deputy Director
- Administrative Investigator
- PREA Coordinator
- PREA Compliance Manager

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and the State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14 16. Requires that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are substantiated, unsubstantiated, or unfounded.

## Interview Results:

- Interviews with the Administrative Investigator confirmed that the agency or program does not conduct administrative investigations nor determine evidentiary standards. When there is evidence that a prosecutable crime has taken place, the office consults with prosecutors before conducting compelled interviews.

## 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? ☒ 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.) ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ Yes ☐ No

#### 115.373 (e)

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

#### 115.373 (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.*

#### **Supporting Documents, Interviews and Observations:**

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Alabama DYS Process for Investigating Sexual Assault Allegations
- 115.372 Occurrence of Investigative Outcomes of Criminal and Administrative Investigations
- Alabama DYS Investigative Outcomes of Allegations of Sexual Abuse and Sexual Harassment Forms
- 115.372 Occurrence of an Allegation Requiring Reporting to a Juvenile during the past twelve (12) months
- Alabama DYS Juvenile Notification of Investigative Outcomes Forms for allegations during the past twelve (12) months

#### **Interviews:**

- PREA Coordinator
- Administrative Investigator

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14 requires that following an investigation into a juvenile's allegation of Sexual Abuse by a staff member, the investigator/designee will inform the juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; and whenever the staff is no longer assigned within the juvenile's living unit, no longer employed in the facility or has been indicted or convicted on a charge of sexual abuse within the facility. The facility's obligation to report under this standard terminates if the alleged victim is released from the department's custody.

Residents who have been the victim of a Sexual Abuse and Sexual Harassment shall receive notification of determined outcomes documented using PREA Form 115.373, Juvenile Notification of Investigative Outcome. The Juvenile Notification of Investigative Outcome is submitted to the facility PREA compliance manager, who will share the outcome with the juvenile, obtaining his signature as proof of receipt, before the form is placed in the juvenile's administrative file as documentation of the notification.

The facility provided notifications for all six (6) allegations that were provided to youth following the investigation. Both the victim and aggressor were informed of the outcome. Youth signatures were observed on each form indicating the youth received the notification of the outcome of the investigation. If the facility did not conduct the investigation, the facility investigator shall request relevant information from the investigative agency in order to inform the resident.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged Resident sexual abuse that were completed by the agency/facility in the past 12 months was 6.
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was 6. Notification letters to the residents were completed and signed by Facility Administration including the PREA Compliance Manager.
- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- In the past 12 months, the number of notifications to Residents that were provided pursuant to this standard was 12.

#### Interview Results

- Interviews with the PREA Coordinator, PREA Compliance Manager, and Administrative Investigator indicated that the program notifies residents- who make an allegation of sexual abuse- in writing who when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

## 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.*

#### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.373 Occurrence of an Allegation Requiring Reporting to a Juvenile during the past twelve (12) months
- 115.373 Occurrence of Staff Termination for Violating Sexual Abuse or Sexual Harassment Policies during the past twelve (12) months

## Interviews:

- PREA Coordinator
- Campus Administrators
- Administrative Investigator
- Human Resources Manager

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and the State of Alabama Department of Youth Services Special Investigations Unit Policy and Procedures 1.14 require that staff are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.

Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. All terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies- unless the activity was clearly not criminal- and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was 0.
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.
- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0.
- In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

## Interview Results

- Interviews with the Human Resource Manager and Investigator validated that technical knowledge of the reporting process is consistent with DYS policies and procedures.

## 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*)
- ☒ **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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.377 Occurrence of Volunteer Orientation for new Volunteers during the past twelve (12) months
- Alabama DYS Volunteer and Contractor Receipt of PREA Form for current Volunteers and Contractors
- 115.377 Occurrence of Violation of Sexual Abuse or Sexual Harassment Policies by a Contractor Volunteer during the past twelve (12) months
- Alabama DYS Form 8.12 Critical Incident Report
- 115.377 Occurrence of Violation of Sexual Abuse or Sexual Harassment Policies by a Contractor Volunteer Requiring Reporting to Law Enforcement during the past twelve (12) months

### Interviews:

- PREA Coordinator
- Campus Administrator

- Administrative Investigator
- Human Resources Manager
- PREA Compliance Manager
- Volunteers and Contractors

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 requires that any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies and to relevant licensing bodies. The 115.377 Occurrence of Violations of Sexual Abuse or Sexual Harassment Policies by a Contractor or Volunteer and reporting to Law Enforcement indicated zero (0) occurrences during the past twelve (12) months. Volunteer and Contractor Receipts for PREA training were submitted to the auditor indicating that all volunteers and contractors received the relevant PREA training confirming that any engagement in sexual abuse is reported to law enforcement agencies and to relevant licensing bodies.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

#### **Interview results:**

- Interviews with the PREA Coordinator, Division Director, Investigator, Human Resources Manager, and PREA Compliance Manager confirmed the process for corrective action for contractors and volunteers.
- Interviews with the volunteers and contractor indicated they received PREA training and were aware of the policy and consequences of such actions.

### **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?  
☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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? ☒ 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 ☐ 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.*

## Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- The Code of Alabama Section 26-14-3 Mandatory Reporting
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.378 Occurrences of Juvenile-on-Juvenile Sexual Abuse during the past twelve (12) months
- Alabama DYS Critical Incident Initial Debriefing Form
- Alabama DYS Critical Incident Initial Debriefing Forms for allegations occurred during the past twelve (12) months
- Alabama DYS Information Report for allegations that occurred during the past twelve (12) months
- 115.377 Occurrence of Juvenile-on-Juvenile Sexual Abuse relating to Student Disciplinary Report, Student Disciplinary Hearing Report, Crisis Intervention Treatment Notes
- Alabama DYS Form 8.12 Critical Incident Report
- Alabama DYS Housing Unit Placement Form
- Alabama DYS Investigative Outcome of Allegations of Sexual Abuse and Sexual Harassment of allegations that occurred during the past twelve (12) months

## Interviews:

- PREA Coordinator
- Campus Administrators
- PREA Compliance Manager

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and The Code of Alabama Section 26-14-3 Mandatory Reporting Law states a juvenile may be subject to disciplinary sanctions by the facility disciplinary committee only pursuant to a formal disciplinary process following an administrative finding that the

juvenile engaged in Juvenile-on-Juvenile Sexual Abuse or following a criminal finding of guilt for juvenile-on-juvenile Sexual Abuse. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a juvenile, facilities shall not deny the juvenile daily large-muscle exercise or access to any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation will be made using PREA Form 115.342.1 Isolation Activity Log.

The facility disciplinary committee shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The disciplinary committee may want to consult with the juvenile's case manager for additional information on the juvenile's mental status before imposing a sanction. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility shall consider whether to offer the offending juvenile participation in such interventions. The facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to receive general programming or education.

The facility may discipline a juvenile for sexual conduct with staff only upon a finding that the staff member did not consent to such conduct. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. DYS prohibits all sexual activity between Juveniles and may discipline juveniles for such activity. DYS, however, does not deem such activity to constitute sexual abuse if it determines that the activity was consensual.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was 6.
- In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was 0.

**Interview results:**

- Interviews with the PREA Coordinator, Division Director, and Compliance Manager confirm that if the facility has any resident found to have violated any of the agency's sexual abuse or sexual harassment policies they will be subject to sanctions pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories and residents are not denied daily large-muscle exercise. Sanctions imposed for comparable offenses by other residents with similar histories, educational programming or special education services, other programs and work opportunities to the extent possible.

- Interviews with mental health staff confirmed crisis intervention and counseling are offered to residents.
- Campus Administrators explained that disciplinary actions for youth would include keeping the resident under strict supervision, making the required notifications and also notifying the Court. The facility does not use isolation or disciplinary segregation.

## 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? ☒ 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? ☒ 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.*

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- The Code of Alabama Section 26-14-3 Mandatory Reporting
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.381 Occurrences of Juvenile-on-Juvenile Sexual Abuse during the past twelve (12) months
- Alabama DYS Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization Template and Sample Assessments
- Follow-up with Medical and Mental Health Practitioner
- Alabama DYS Guidelines for PREA Shared Information
- 115.381 Occurrences of Release of Information during the past twelve (12) months
- Alabama DYS Release of Information Form
- Alabama DYS Release for Clinical Services Consent to Treatment

### Interviews:

- PREA Coordinator
- Campus Administrators
- Medical Director
- Agency Treatment Coordinator
- Medical and Mental Health Staff
- Program Director at The Lighthouse

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 and The Code of Alabama Section 26-14-3 Mandatory Reporting Law indicates that if the screening indicates that a resident has experienced prior Sexual Victimization or has previously perpetrated Sexual Abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical and mental health staff obtain informed consent from residents before reporting information about prior sexual abuse that did not occur in an institutional setting.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past twelve (12) months the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a mental health practitioner: 100%
- In the past twelve (12) months the percent of residents who disclosed prior perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a mental health practitioner: 100%

**Interview results:**

- During resident interviews, two (2) residents who disclosed prior sexual victimization during the risk screening process resident indicated they were seen by medical and mental health practitioners' after disclosure and within the fourteen (14) day requirement. File review confirmed resident was seen within the time frame.
- Interview with six (6) residents who reported sexual abuse and follow up file reviews indicated six (6) residents were referred to or seen by medical and mental health practitioners within the fourteen (14) day requirement. Resident file reviews confirmed residents were seen within the time frame.
- Interviews with Medical and Mental Health staff indicated that at the initiation of services to a resident, staff disclose the limitations of confidentiality and duty to report. When reports of sexual abuse are disclosed by residents, staff notify The Lighthouse, preserve evidence, conduct an initial assessment, and make a DHS report and police report. Staff are aware that residents reporting sexual victimization or prior sexual aggressiveness are to be referred for a follow-up meeting. They stated that services would be offered including evaluation, treatment and safety planning, and follow-up services. Information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions.

## **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.*

#### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- The Code of Alabama Section 26-14-3 Mandatory Reporting
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.382 Occurrences of Juvenile-on-Juvenile Sexual Abuse during the past twelve (12) months
- Memorandum of Understanding with Lighthouse Counsel Center the Rape Crisis Center/ Child Advocacy Center
- First Responder Checklist for Sexual Assault Allegations
- 115.364 First Responder Guidelines for Sexual Assault
- Alabama DYS Victim Advocate Receipt of PREA Training

- 115.382 Occurrences of Access to Emergency Medical and Mental Health Services during the past twelve (12) months
- Follow-up with Medical and Mental Health Practitioner Form

#### **Interviews:**

- PREA Coordinator
- Campus Administrator
- Medical and Mental Health Staff
- Program Director at The Lighthouse

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, The Code of Alabama Section 26-14-3 Mandatory Reporting Law requires Mt. Meigs medical and mental health staff to maintain secondary materials documenting times of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported to staff. Residents who are victims of sexual abuse be offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care (where medically appropriate), and unimpeded access to emergency medical treatment and crisis intervention services.

#### **Interview Results**

- Interview with Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Interview with Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.
- Interview with the Program Director at The Lighthouse indicated and confirmed access to emergency medical and mental health services. The Program Director further indicated that victim advocate services will be provided as well. The facility also has staff trained as victim advocates to immediately respond at the facility until a victim advocate is present.

### **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? ☒ 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? ☒ Yes ☐ No

**115.383 (c)**

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

**115.383 (d)**

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

**115.383 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ 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? ☒ 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? ☒ 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.383 Occurrences of On-going medical and mental health records, treatment notes, test results, evaluations for sexual abuse victims and abusers during the past twelve (12) months
- Memorandum of Understanding with Lighthouse Counsel Center the Rape Crisis Center/ Child Advocacy Center
- First Responder Checklist for Sexual Assault Allegations
- 115.364 First Responder Guidelines for Sexual Assault
- Alabama DYS Victim Advocate Receipt of PREA Training

### Interviews:

- PREA Coordinator
- Agency Treatment Coordinator
- Campus Administrator
- Medical and Mental Health Staff
- Random Staff

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires facility staff offer medical and mental health evaluations and appropriate follow-up treatment that may include pregnancy testing, screening and treatment for STDs, family planning services and any other counseling or assistance as requested.

Victims of sexual abuse will be transported to Lighthouse Counsel Center the Rape Crisis Center/ Child Advocacy Center where they will receive treatment and where physical evidence can be gathered by a certified SAFE/SANE examiner. There is a process in place to ensure facility staff track on-going medical and mental health services for victims who may have been sexually abused, and medical staff track the follow-up medical visits and document their findings in the resident's medical file.

## 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.*

## Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.386 Occurrences of Sexual Abuse Incident Reviews during the past twelve (12) months
- Alabama DYS Sexual Abuse Critical Incident Review Form
- Alabama DYS Form 8.12.1 Critical Incident Initial Debriefing forms for sexual abuse allegations during the past twelve (12) months
- Alabama DYS Incident Report Form
- Alabama DYS Sexual Abuse Critical Incident Review Forms for allegations during the past twelve (12) months
- 2017 Survey of Sexual Victimization Substantiated Incident Form (Juvenile)

## Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Campus Administrator
- PREA Compliance Manager
- Incident Review Team Members

The initial review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1, Alabama DYS Sexual Abuse Critical Incident Review Form, Alabama DYS Form 8.12.1 Critical Incident Initial Debriefing forms, and the Alabama DYS Incident Report Form requires the Facility PREA Compliance Manager to conduct a Sexual Abuse incident review using PREA Form 115.386 Sexual Abuse Critical 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The team reviews and considers all the requirements listed in standard 115.386.

Critical Incident Debriefing meetings are held generally one week after an allegation occurs and two weeks thereafter. The Debriefing reviews specific areas such as the actions of the residents involved, the impact on staff and youth, any corrective actions taken or needed, plans for improvements, any recommendations to prevent another incident from occurring, any housing or staffing re-assignments, review policies, and any additional documentation used in the debriefing process.

The facility had reported six (6) administrative investigations of alleged sexual abuse that occurred at the facility in the past twelve (12) months. Critical Incident Debriefing meeting and Sexual Abuse Incident Review forms all six (6) indicate reviews were completed and detailed as outlined in the standard. The PREA Compliance Manager and Campus Administrators described the incident review process as consistent with the standards.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility-- excluding only "unfounded" incidents-- was 6.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding-- only "unfounded" incidents--was 12.

## **Standard 115.387: Data collection**

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

#### **115.387 (a)**

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

#### **115.387 (b)**

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

#### **115.387 (c)**

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

#### 115.387 (d)

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

#### 115.387 (e)

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

#### 115.387 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Supporting Documents, Interviews and Observations

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 115.387 Occurrences of Sexual Abuse for Data Collection during the past twelve (12) months
- Alabama DYS Sexual Abuse Critical Incident Review Form
- Alabama DYS Incident Report Form
- Alabama DYS Sexual Abuse Critical Incident Review Forms, Incident Report, Witness Statements, and Treatment notes for allegations during the past twelve (12) months
- 2016 and 2017 DOJ Survey of Sexual Victimization Incident Form (Juvenile) and Substantiated Incident Form (Juvenile)

- 2015, 2016, 2017 DOJ Surveys of Sexual Victimization Reports
- 2017 Alabama DYS PREA Annual Report
- 2018 Alabama DYS PREA Annual Report

#### **Interviews:**

- PREA Coordinator
- Campus Administrators
- PREA Compliance Manager

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 requires facilities to collect accurate, uniform data for every allegation of Sexual Abuse at facilities and under its direct control using the DOJ Form SSV-IJ Survey of Sexual Violence Incident Report, standardized instrument and definitions. Facilities shall aggregate the incident-based Sexual Abuse data at least annually using PREA Form 115.387 PREA Data Report.

Mt. Meigs Campus maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and Sexual Abuse incident reviews. The instrument used by the Alabama DYS is the State of Alabama Department of Human Resources, the Written Report of Suspected Child Abuse and Neglect form and the Alabama Department of Youth Services Information Report along with the set of definitions described in the Agency policy. The Agency uses the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report as their standardized instrument and set of definitions. The agency PREA Coordinator also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its juveniles. Upon request, facilities shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year.

#### **Interview Results:**

- The PREA Coordinator, Campus Administrators, and PREA Compliance Manager confirmed the process along with the instruments used for collecting, maintaining, reviewing the data.
- The 2017 and 2018 PREA Annual Reports were made available by the agency and are located on the website.

### **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? ☒ 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?  
☒ 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? ☒ 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 ☒ 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? ☒ 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? ☒ 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.*

### Supporting Documents, Interviews and Observations:

- State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1
- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- 115.388 Occurrences of Sexual Abuse for Data Review for Corrective Action during the past twelve (12) months
- Alabama DYS Sexual Abuse Critical Incident Review Form
- Alabama DYS Incident Report Form
- Alabama DYS Sexual Abuse Critical Incident Review Forms, Incident Report, Witness Statements, and Treatment notes for allegations during the past twelve (12) months
- 2016 and 2017 DOJ Survey of Sexual Victimization Incident Form (Juvenile) and Substantiated Incident Form (Juvenile)
- 2015, 2016, 2017 DOJ Surveys of Sexual Victimization Reports
- 2015, 2016, 2017, 2018 Alabama DYS PREA Annual Reports

#### **Interviews:**

- Agency Designee- Deputy Director
- PREA Coordinator
- PREA Compliance Manager

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8.1 requires the agency PREA Coordinator shall annually review data collected and aggregated in order to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies and practices, and training including: 1.) identifying problem areas; 2). taking corrective action on an ongoing basis; and 3.) preparing an annual report of findings and corrective actions for each Facility, as well as the agency as a whole. The agency's annual PREA report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing Sexual Abuse. Each agency's annual PREA report shall be approved by the agency Executive Director and made readily available to the public through its website. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

#### **Interview Results:**

- Mt. Meigs PREA Compliance Manager and Agency PREA Coordinator reviews data collected and aggregates their findings pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including addressing problem areas, taking corrective action, and preparing an annual statement of its finding from its data review.

### **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?  
☒ 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? ☒ Yes ☐ No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ 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? ☒ 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.*

#### Supporting Documents, Interviews and Observations:

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- PREA Standards Compliance Checklist
- Mt. Meigs Campus PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2016 and 2017 DOJ Survey of Sexual Victimization Incident Form (Juvenile) and Substantiated Incident Form (Juvenile)
- 2015, 2016, 2017 DOJ Surveys of Sexual Victimization Reports
- 2015, 2016, 2017, 2018 Alabama DYS PREA Annual Reports

**Interviews:**

- PREA Coordinator
- Campus Administrators

The review of the State of Alabama Department of Youth Services Prison Rape Elimination Act (PREA) Regulatory Guidelines Policy and Procedures 13.8. requires that the agency PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by the PREA Law of 2003. DYS shall make all aggregated Sexual Abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website. Before making aggregated Sexual Abuse data publicly available, agencies shall remove all personal identifiers. All case records associated with claims of Sexual Abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the agency record retention schedule or at least ten(10) years after the date of initial collection.

## 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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
☒ Yes   ☐ No   ☐ NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes   ☐ No

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Supporting Documents, Interviews and Observations:

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#### Interviews:

- PREA Coordinator

#### Interview Results:

- Interview with PREA Coordinator and agency website has indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.



This auditor reviewed the Alabama Department of Youth Services web page at <https://dys.alabama.gov/prea> and found that it contains the six (6) audit reports for PREA audits completed from July 25, 2014 through February 17, 2018. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency was audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. This facility's audit was scheduled in the third year of the second PREA review cycle. This auditor had access to the entire campus and was able to conduct interviews and was provided with documentation in accordance to the standard.

## 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*)
- ☒ **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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### Supporting Documents, Interviews and Observations:

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- PREA Standards Compliance Checklist
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- 2015, 2016, 2017, 2018 Alabama DYS PREA Annual Reports

#### Interviews:

- Agency PREA Coordinator

#### Interview Results:

Interview with agency PREA Coordinator and a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard.

This auditor reviewed the web page at the Alabama Department of Youth Services, <https://dys.alabama.gov/prea> containing the one (1) PREA Final Report that was audited for the previous three years and published within 90 days after the final report was issued by the auditor.

### 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have

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

been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

J. Aaron Keech

**Auditor Signature**

March 10, 2019

**Date**

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