

AUDIT FINDINGS
Autauga HIT Program – Alabama DYS

DESCRIPTION OF FACILITY CHARACTERISTICS: The Autauga HIT Program is located on 63 acres in rural Autauga County near Prattville, Alabama. The building was constructed in 1986 by Bradford Health Services to serve as an alcohol and drug treatment center for adults. In 1994 the building was acquired by the Alabama Department of Youth Services (DYS) for development of a modified boot camp program. The emphasis of the program is to provide for early intervention as an alternative to long-term incarceration for seventy-eight minimum-risk male students. The primary goal of the 28-day program is to develop and enhance positive behavior characteristics through a highly structured intensive approach. Program components focus on self-concept development, aggression replacement training, academics, physical fitness, and other basic services important to positive youth development

The campus consists of one single-story, brick and mortar structure. There is no perimeter fence. Autauga has four separate housing units. Only three of the four units were occupied at the time of the audit. The program serves male youth ranging in ages from 12 to 18 years. All youth sleep rooms are designed for double occupancy. Each room has a bathroom consisting of a toilet, shower and sink. Only one youth is permitted in the bathroom at a time.

The program is short-term with an average length of stay of 28 days.

Administrative investigations regarding allegations of abuse are conducted by the State of Alabama. Criminal investigations of sexual abuse, assault and harassment are conducted by the Autauga County Sheriff's Department. Forensic examinations and evidence collection are performed at the Lighthouse Counseling Center, Inc. in Montgomery, Alabama.

There were no incidents of sexual abuse or assault during the year prior to this audit. There were no instances of behavior that would fall under the PREA Standards' definition of sexual harassment.

SUMMARY OF AUDIT FINDINGS: Auditor arrived at the facility the morning of June 23, 2014 and was on-site the 23rd, 24th and 25th. An entrance meeting was held with the Executive Assistant to the Agency Director, Superintendent, PREA Compliance Manager and Agency PREA Coordinator.

The remainder of the morning was spent touring the facility. The facility was designed and built for use as a residential substance abuse program for adults, but is quite suited to its current use by DYS. All areas were well maintained. The facility has a video surveillance system covering the common areas, hallways and program areas. Camera coverage is approximately 85-90 %. There are no cameras in the youths' rooms. Robust staffing (6 : 1), significantly above the standards, and excellent supervision practices fully mitigate any concerns regarding blind spots. Bathrooms are for individual use. This was confirmed by all staff and youth interviewed, and observation of practice. Sight lines were good in all housing areas. The designated posts for the overnight staff are located to facilitate sight and sound supervision.

Youth were observed in school, during movement, at meals, during outdoor activities and on the living units (including bathroom/shower use). Observations of staff supervision practices were consistent with the agencies policies.

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There were no incidents of sexual abuse, assault or harassment during this audit period. This auditor met with one of the investigators from Autauga County Sheriff's Office who confirmed that there have been no incidents of sexual abuse or assault at the facility during this audit period.

This auditor observed the intake process for new admissions to the program as well as observing the graduation ceremony for youth who have successfully completed the program. As observed throughout the three days on-site and further verified by reviewing historical documentation, the agency maintains a 6 to 1 staffing ratio during program hours and 12 to 1 during sleeping hours. These ratios are further enhanced by the DYS security officers on duty 24 hours per day. This far exceeds the standards.

The auditor interviewed the following staff titles (number in parentheses indicates more than one staff in that title was interviewed):

- Executive Assistant to the DYS Director (as designee)
- Facility Superintendent
- Agency PREA Coordinator
- Principal
- Chief of Security
- Security Offices (4)
- Youth Service Aide (10)
- Counselor (2)
- Nurse
- Mental Health Clinician
- Facility PREA Compliance Manager

Experience level ranged for Security Officers and Youth Service Aides from seven months to over 20 years. All presented as very knowledgeable about their jobs and highly dedicated to keeping youth safe. The agency's commitment to PREA was also very evident during interviews. Staff members were not only aware of their agency's policies and procedures, but were able to discuss PREA and how it related to the overall mission of the program and the agency's mission as a whole.

All staff members were well versed in their obligations as mandated reporters. All felt well supported by the agency, and particularly the Superintendent, and had no fear regarding retaliation for reporting abuse. All staff have received PREA specific training as first responders and all knew exactly what to do if they were a first responder. All felt empowered to proactively address issues related to sexual violence and were able to describe actions they would take to prevent and/or deter possible acts of sexual violence.

A total of 10 youth at the program were interviewed. Youth from each of the three housing units were interviewed. There were no youth currently at the facility that had made an allegation of abuse. There were no youth at the program who identified as LGBTI (although all youth acknowledged being asked about sexual orientation upon admission). All youth interviewed had extensive knowledge of the right to be free from sexual abuse, assault or harassment. All youth acknowledged being screened upon

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admission (screening actually occurs within one hour of admission, which far exceeds the standard) and receiving information upon admission on their right to be free from abuse in any form. All youth knew multiple ways to report abuse and felt very confident that any complaint they made would be properly addressed. None of the youth reported ever having fear for their safety while at Autauga. All said they felt very safe at the facility because the staff is always there and always willing to help.

Interviews with youth and staff confirmed that the PREA education program has been fully integrated into the Autauga school program. Not only do youth receive information upon admission (day 1), they receive it on day 2, 3 and 5, and then weekly during the school day. This far exceeds the requirements of the standards and is an exemplary practice.

The quality and organization of the documentation provided to this auditor was outstanding. The organized manner in which the interviews were facilitated by the agency made the process go very smoothly and allowed for lengthy interviews with no wasted time in between.

The Autauga HIT program is an outstanding juvenile justice facility. The scope of this audit (PREA compliance) does not afford the opportunity to go into all the positive aspects of the program, but it is important to note that Autauga is a hidden gem in the world of juvenile justice and efforts should be made to duplicate the work being done there. Duplication will be a difficult task, as it is the Superintendent and his dedicated staff that make this such a special place.

STANDARDS DETERMINATION TOTALS:

Exceeds – 3 Standards or approximately 7% of total standards.

Meets - 38 Standards or approximately 93% of total standards.

Does Not Meet Standard – Zero Standards or 0% of total standards

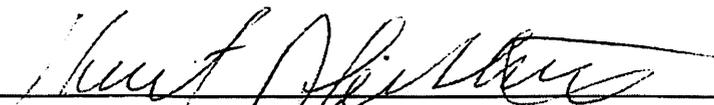
CORRECTIVE ACTION PLANS

Standard	Deficiency	Action(s) Needed	Documentation
N/A*	N/A	N/A	N/A

***Note-All standards were found to be in compliance. No corrective action is required.**

AUDITOR CERTIFICATION:

The auditor certifies that no conflict of interest exists with respect to his ability to conduct an audit of the Alabama Division of Youth Services or the Autauga HIT Program.


 Kurt Pfisterer, Dual Certified PREA Auditor

7-25-2014
 Date

PREVENTION

115.311 zero tolerance and PREA coordinator	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.	Alabama DYS Policy and Procedure 13.8.1	X	
(b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.	DYS Organization Chart and interviews.	X	
(c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. (N/A if the agency operates only one facility.)	Autauga Organization Chart and interviews.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.312 contracting with other entities for confinement of residents	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.	Alabama DYS Policy and Procedure 13.8.1 Review of contracts	X	
(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.	Alabama DYS Policy and Procedure 13.8.1 Review of contracts	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.313 Supervising and monitoring	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); (6) The composition of the resident population;	Alabama DYS Policy and Procedure 13.8.1 Annual Review of Staffing, Monitoring Technology and Facility Resources Report	X	

PREVENTION

<p>(7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p>			
<p>(b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.</p>	<p>N/A – DYS pays overtime to maintain staffing ratios. No deviations from plan.</p>	<p align="center">X</p>	
<p>(c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. (N/A only until October 1, 2017.)</p>	<p>Exceeds standards 1:6 waking and 1:12 during sleeping hours by DYS policy. Factoring in security officers and shift supervisors and the ratios only get better.</p>	<p align="center">X</p>	
<p>(d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adherence to the staffing plan.</p>	<p>Meeting minutes, floor plans for cameras.</p>	<p align="center">X</p>	
<p>(e) Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.</p>	<p>Alabama DYS Policy and Procedure 13.8.1 Supervisory Monitoring Logs</p>	<p align="center">X</p>	
<p>Overall Determination: <input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
<p>Comments: Ratios significantly exceed the standards.</p>			
<p>115.315 Limits to cross gender viewing and searches</p>	<p align="center">Policies and Supporting Documentation</p>	<p align="center">Compliance</p>	<p align="center">Non-Compliance</p>
<p>(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p>	<p>Alabama DYS Policy and Procedure 13.8.1 Autauga does not conduct strip searches.</p>	<p align="center">X</p>	

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(b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.	Alabama DYS Policy and Procedure 13.8.1 DYS does not routinely conduct pat searches accept upon admission.	X	
(c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.	N/A – No cross gender pat searches conducted. Staff and youth interviews confirm.	X	
(d) The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.	Alabama DYS Policy and Procedure 13.8.1 Observation of practice Interviews with staff and youth Review of log books	X	
(e) The facility shall 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, it may be determined 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.	Strip searches are not conducted.	X	
(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.	Training records	X	

Overall Determination:

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

115.316 Disabilities and limited English	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not	Alabama DYS Policy and Procedure 13.8.1 All teachers at Autauga are certified special education teachers. Language access contracts. Confirmed via interviews with youth, staff and clinicians.	X	

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(b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.	Alabama DYS Policy and Procedure 13.8.1 Language access contracts. Confirmed via interviews with youth, staff and clinicians.	X	
(c) The agency shall 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 under § 115.364, or the investigation of the resident's allegations.	Language access contracts. Confirmed via interviews with staff.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.317 Hiring and Promoting decisions	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.	Alabama DYS Policy and Procedure 13.8.1	X	
(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.	Alabama DYS Policy and Procedure 13.8.1	X	
(c) Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, 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.	Alabama DYS Policy and Procedure 13.8.1	X	
(d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact	Alabama DYS Policy and Procedure 13.8.1	X	

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with residents.			
(e) The agency shall 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.	Alabama DYS Policy and Procedure 13.8.1	X	
(f) The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.	Alabama DYS Policy and Procedure 13.8.1 Pre-employment questionnaire	X	
(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.	Alabama DYS Policy and Procedure 13.8.1	X	
(h) Unless prohibited by law, the agency shall 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.	Alabama DYS Policy and Procedure 13.8.1	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.318 Upgrades to Facilities and Technologies			
(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.	Agency has not remodeled or acquired any new buildings.	X	
(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.	Annual Review of Staffing, Monitoring Technology and Facility Resources Report	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
COMMENTS: None			

RESPONSIVE PLANNING

115.321 Evidence Protocol and Forensic Medical Exams	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.	Alabama DYS Policy and Procedure 1.29 National Protocol – April 2013	X	
(b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.	There have been no instances of sexual abuse or assault during this audit period.	X	
(c) The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.	There have been no instances of sexual abuse or assault during this audit period.	X	
(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.	There have been no instances of sexual abuse or assault during this audit period.	X	
(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.	There have been no instances of sexual abuse or assault during this audit period.	X	
(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.	Memorandum of agreement with Autauga County Sheriff's Office.	X	
(g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.	N/A	X	

RESPONSIVE PLANNING

(h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.	Memorandum of understanding with Autauga County Rape Crisis Center.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.322 Ensure referrals of allegations for investigations	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.	Alabama DYS Policy and Procedure 13.8.1 Alabama DYS Policy and Procedure 1.29	X	
(b) The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.	Alabama DYS Policy and Procedure 13.8.1 Alabama DYS Policy and Procedure 1.29 Website review No incidents during this audit period	X	
(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.	Alabama DYS website	X	
(d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.	Alabama DYS Policy and Procedure 13.8.1 Alabama DYS Policy and Procedure 1.29	X	
(e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.	N/A	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
COMMENTS: None			

TRAINING AND EDUCATION

Non-Compliance	Compliance	Policies and Supporting Documentation	<p>115.331 Employee Training</p> <p>(a) The agency shall train all employees who may have contact with residents on:</p> <p>(1) Its zero-tolerance policy for sexual abuse and sexual harassment;</p> <p>(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</p> <p>(3) Residents' right to be free from sexual abuse and sexual harassment;</p> <p>(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</p> <p>(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;</p> <p>(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;</p> <p>(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;</p> <p>(8) How to avoid inappropriate relationships with residents;</p> <p>(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;</p> <p>(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.</p> <p>(b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.</p> <p>(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p>(d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.</p> <p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>
Non-Compliance	Compliance	<p>Training curriculums and staffing training records.</p>	<p>(a) X</p> <p>(b) X</p> <p>(c) N/A – All employees have been trained.</p> <p>(d) X</p>
Non-Compliance	Compliance	<p>Post-Training affirmations of understanding.</p>	<p>115.332 Volunteer and contractor training</p> <p>(a) The agency shall ensure 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.</p> <p>Volunteer and Contractor PREA Training Form.</p>

TRAINING AND EDUCATION

procedures.			
(b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.	Volunteer and Contractor PREA Training form.	X	
(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.	Volunteer and Contractor PREA Training form.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.333 Resident Education	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	Youth education acknowledgements. Interviews with staff and youth.	X	
(b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents 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 agency policies and procedures for responding to such incidents.	Exceeds standard. This is done on the date of admission, day 2, day 3, day 5 and then weekly during school.	X	
(c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.	N/A – All youth have received the training. Interviews with youth confirm that they understand the training.	X	
(d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.	Language access contracts.	X	
e) The agency shall maintain documentation of resident participation in these education sessions.	Signed receipts.	X	
(f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.	Information is posted in youth rooms and on all living units. The education program is repeated weekly during the school program in addition to the four sessions provided during the first five days.	X	
Overall Determination: <input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) Comments: Education program is provided within 24 hours of admission and then on days 2, 3 and 5, and followed up weekly during school program. This was very evident in the interviews with youth.			

TRAINING AND EDUCATION

115.334 Specialized training: Investigators		Policies and Supporting Documentation		Compliance	Non-Compliance
(a)	In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.	Alabama DYS Policy and Procedure 13.8.1 Alabama DYS Policy and Procedure 1.29 Training curriculum Documentation of training		X	
(b)	Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.	Training curriculum		X	
(c)	The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.	Documentation of training		X	
(d)	Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.	N/A		X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)					
115.335 Specialized training: Medical and Mental Health Care		Policies and Supporting Documentation		Compliance	Non-Compliance
(a)	The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.	Training certificates for RN's and rape crisis counselor certificate for clinician.		X	
(b)	If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.	N/A – Autauga does not perform forensic examinations.		X	
(c)	The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.	Training certificates for RN's and rape crisis counselor certificate for clinician.		X	
(d)	Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.	Documentation of training		X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)					

SCREENING FOR RISKS OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.341 Obtaining Information from Residents	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.	Exceeds standard. Occurs on date of admission. Every effort is made to gather information prior to admission. Alabama DYS Policy and Procedure 13.8.1	X	
(b) Such assessments shall be conducted using an objective screening instrument.	DYS PREA Screening Instrument	X	
(c) At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.	DYS PREA Screening Instrument Confirmed via youth interviews and interview with staff that conduct initial screening	X	
(d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.	Alabama DYS Policy and Procedure 13.8.1	X	
(e) The agency shall implement 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.	Alabama DYS "Guidelines for PREA Shared Information"	X	
Overall Determination: <input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.342 Placements in housing, bed, program, education and work assignments	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of	Alabama DYS Policy and Procedure 13.8.1	X	