

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** May17, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Lanier			
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<b>Telephone number:</b> 912-281-1525			
<b>Date of facility visit:</b> April 18-19, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Mt. Meigs Complex			
<b>Facility physical address:</b> 1000 Industrial School Road, Mt. Meigs, AL 36057			
<b>Facility mailing address:</b> <i>(if different from above)</i> PO Box 66, Mt. Meigs, AL 36057			
<b>Facility telephone number:</b> 334.215.3800			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Bridget McDonald			
<b>Number of staff assigned to the facility in the last 12 months:</b> 230			
<b>Designed facility capacity:</b> 172			
<b>Current population of facility:</b> 139			
<b>Facility security levels/inmate custody levels:</b> Secure			
<b>Age range of the population:</b> 13-21			
<b>Name of PREA Compliance Manager:</b> R. MaChea' Jones		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> machea.jones@dys.alabama.gov		<b>Telephone number:</b> 334.215.6172	
<b>Agency Information</b>			
<b>Name of agency:</b> Alabama Department of Youth Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Alabama			
<b>Physical address:</b> 1000 Industrial School Road, Mt. Meigs, AL 36057			
<b>Mailing address:</b> <i>(if different from above)</i> PO Box 66, Mt. Meigs, AL 36057			
<b>Telephone number:</b> 334.215.3800			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Steven P Lafreniere		<b>Title:</b> Executive Director	
<b>Email address:</b> steven.lafreniere@dys.alabama.gov		<b>Telephone number:</b> 334.215.3800	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Robert (Bobby) Latham		<b>Title:</b> DYS PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

Mt. Meigs, operated by the Alabama Department of Youth Services, is a very complex program and campus consisting of 31 buildings and facilities spread out over the large acreage of the grounds. There are 11 living units on campus housing youth from a wide variety of programs. Living units include 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 remainder of the campus consists of the main gate, a chapel, dining hall, chemical addition program assessment trailer, administration building, LB Wallace School, Case Managers Office's, brick masonry and welding vocational buildings, three ABSOP Buildings housing the focus team area, therapists offices, interns, psychologist office, classrooms and several building not being utilized.

Notices of the PREA Audit, along with contact information were sent on March 4, 2016 (six weeks prior to the on-site audit) to the Alabama PREA Coordinator for posting throughout the Mt. Meigs Campus in areas accessible to staff, youth, visitors, interns, contractors and volunteers. Photos identifying locations of notices were provided to the auditor following posting. A flash drive containing the agency Mt. Meigs Pre-Audit Questionnaire, Department of youth Services Mission Statement, agency policies, population reports, documentation for each standard and information related to contract personnel were provided to the auditor on March 18, four weeks prior to the on-site audit. The format of the information on the flash drive was interesting and very effective enabling the auditor to easily review the information contained on it. Each standard file was set up to include "Process Indicators" or supporting documentation, "Protocols" which included the DYS Policies and a Form entitled, "PREA Juvenile Justice Standard Compliance Checklist" that stated the verbiage of the standard and references for addressing standards/sub-standards on the Pre-Audit Questionnaire. The auditor reviewed the information for each standard and requested additional documentation that was always provided in an expeditious manner. The facility and the PREA Coordinator were always receptive and provided information in an expedited manner. The PREA Coordinator reached out to the auditor and facilitated an early arrival to begin interviews of the overnight shift prior to their departure from the facility. A brief entrance session during which introductions were made and the process discussed was conducted followed by a tour of the facility.

Staffing at Mt. Meigs includes the following: 14 Administrative Staff, 23 Security Staff, 30 Teachers (Academic and Vocational), 9 medical staff, 30 medical staff, 8 food services staff and 121 Youth Services Aides/Child Care Workers.

There were 138 youth in the facility on the day of the audit. These included 83 in the regular population and 55 in the sex offender treatment programs.

During the tour cameras, although limited, are placed strategically throughout the campus in units. The agency investigator related that most of the campus is on a new system while the D & E Dorms, the Chemical Addiction Programs Dorms, Trustee and Thagard dorms are still on the older system. Cameras are located throughout the education building and security staff are stationed in that area to monitor the cameras that also provide views of the vocational areas. There are a number of blind spots and solid doors however staff related these are covered through restricting keys and limiting access and ensuring that youth are always in direct line of sight supervision. Some of the solid doors had signs restricting access to these closets/rooms. Staff also related that unannounced rounds are done to deter sexual activity and to check various locations of the campus during those rounds. The facility also has "security staff" that patrol the campus, serving as another form of deterrence. Video cameras were being upgraded during the on-site audit. It was recommended that additional staff be assigned to conduct unannounced rounds and that a strategy be developed to ensure that overtime all areas of the facility are inspected during unannounced rounds. It was also recommended that staff walk the campus and identify every solid door that is outside the view of the cameras and place signs on the doors, restricting access. Shower and restrooms areas provided for privacy during showers and when youth used the restrooms. Female staff do not conduct showers and male staff position themselves to observe and ensure that youth do not leave the shower without approval. Youth go to the showers clothed and return clothed.

A wide variety of attractive PREA Posters were observed throughout the campus, living units and program areas. These POSTERS are unique and the graphics used draw attention to the POSTERS containing valuable PREA Information including contact numbers and ways to report. Next to the phones in the units are postings to instruct youth in how to use the "hotline" and how to access outside organizations to report abuse or to seek support services. They also tell the youth that the sex abuse hotline was created to enable youth to report sexual abuse and sexual harassment confidentially. Grievance forms were accessible in all of the dorms.

Following the tour interviews with staff continued. All specialized staff, randomly selected staff representing all shifts and a variety of programs and the agency PREA Coordinator, who also served as the Agency Head's Designee, were interviewed.

Additionally the PREA Compliance Manager was interviewed. Ten youth, randomly selected from each housing unit were interviewed. Interviews indicated that facility staff, both specialized and randomly selected staff were very knowledgeable of PREA, the Zero Tolerance Policy, reporting and responding. Staff were professional and indicated they were very serious about providing a sexually safe environment for the youth at this facility.

## DESCRIPTION OF FACILITY CHARACTERISTICS

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 31 buildings. There are 5 single cell housing units, 3 open-bay housing units, a chapel, a dining hall, a school and gymnasium and an on-site clinic.

Students attend the Wallace School and are given the opportunity to receive educational, career and technical services in a variety of trade areas including Welding, Auto Mechanics, Brick Masonry, Business Management, and Building Construction. GED studies and Distance Learning also are available through the academic program. Other services include access to medical, psychological, case management and other basic services important to positive youth development. In addition, the complex has expanded its services to include the Chemical Addiction Program (CAP) and the Accountability Based Sex Offender Program (ABSOP).

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.

## SUMMARY OF AUDIT FINDINGS

An initial review of the Alabama Department of Youth Services Policies and supporting documentation, which was provided to the auditor on a flash drive, clearly indicated that the Department takes PREA seriously. Policies and Procedures and especially the PREA Policy are comprehensive, detailed and address the facility's approach to prevention, detecting, responding and reporting to allegations of sexual abuse and sexual harassment. An initial review and evaluation of information provided on the flash drive documented that the facility's policies and procedures were in compliance with the PREA Standards. Supporting documentation included samples to illustrate compliance with DYS Policies and Procedures and the DOJ Standards. The flash drive was organized to include "process indicators" or examples of "practice" and "protocols" which were the Agency's Policies. Also included was a form entitled, PREA Juvenile Justice Standard Compliance Checklist" that stated the verbiage of the standard and provided references for addressing standards/sub-standards on the Pre-Audit Questionnaire. Minimal additional documentation was requested to provide clarification and to increase the sample sizes.

The Agency has developed a very thorough and detailed Institutional Plan that addresses virtually all of the PREA Standards related to Prevention Planning, Responsive Planning, Training and Education, Screening for the Risk of Sexual Victimization and Abusiveness, Official Response Following a Juvenile Report, Investigations, Discipline, Medical and Mental Health Care and Data Collection. Following each standard related topic/statement, the plan identifies the Department of Youth Services Policies that address the statement/plan as well as any DYS Forms associated with the statement. The depth and scope of this document indicates the seriousness with which this Department takes regarding sexual safety and commitment to the PREA Standards.

A tour of the facility indicated the facility has video cameras and is presently in the process of adding additional cameras to add additional video coverage. Where there are blind spots the facility restricts access and requires staff to keep youth in a direct line of sight at all times. Also observed during the tour were solid doors out of view of the cameras. The auditor suggested several ways to address solid doors in the absence of additional cameras would be to place signs on those doors restricting access and to make them for official business only. Consideration might also be given to the use of a variety of shapes of mirrors to eliminate blind spots.

Unannounced rounds are being conducted and on this sprawling campus these will play a vital role in deterring sexual activity. Additional staff were added to the staff responsible for conducting unannounced rounds. Care should be taken to ensure that unannounced rounds include all areas of the campus. The facility has security staff whose roll, among other things, is to patrol the campus. Consideration might be given to utilizing them to conduct additional unannounced checks of living units as well as outlying buildings and areas.

The auditor selected and interviewed a total of 13 youth; 10 randomly selected youth, a youth identifying as gay, one youth who reported prior sexual victimization, one youth who reported an allegation of abuse at the facility and one Limited English Proficient youth. These included youth from all living units. The following staff were interviewed: randomly selected staff representing all shifts; the Agency Head's Designee, the Agency PREA Coordinator, the Facility Director, the Facility PREA Compliance Manager, the Nurse Coordinator, a SAFE/SANE from the Lighthouse Rape Crisis Center, a staff from mental health, a human resources staff, a volunteer, an investigator, an intake staff, a first responder and one staff who is responsible for screening for victimization and/or sexual abusiveness. Interviews indicated that staff have been educated on PREA and were especially knowledgeable of the agency's Zero Tolerance for any form of sexual activity, responding to allegations, suspicions and knowledge of sexual assault or abuse, protecting the evidence and reporting. Staff were professional and were enthusiastic about their work and their PREA Knowledge. Staff related they have been trained to take all suspicions, knowledge or reports of sexual abuse seriously regardless of how the information was received. Staff were well aware of their roles as mandated reporters. The Agency PREA Coordinator was extremely knowledgeable of PREA and the PREA Standards and was able to describe how collected data would be used to address policy and procedures issues and training. Interviewed youth were also extremely knowledgeable about PREA and were able to articulate multiple ways to report sexual abuse and sexual harassment, including using the "hotline", the grievance process, calling or writing an outside support organization, through third parties and anonymous reporting as well as by telling a trusted staff person, a family member or a friend. All of the youth indicated they also would report to the advocate. Every interviewed youth related that they trusted the advocate. Every youth also stated they thought the staff would take all allegations and reports of sexual abuse and sexual harassment seriously and that staff would protect them and take care of them.

Forty-One (41) PREA Standards were evaluated. Seven (7) Standards were rated Exceeds. These included 115.311 Zero Tolerance of sexual abuse and sexual harassment, PREA Coordinator; 115.316 Residents with disabilities and residents who are Limited English proficient; 115.321 Evidence Protocol and Forensic Medical examinations; 115.333 Resident Education; 115.334 Specialized Training: Investigators; 115.351 Resident Reporting; and 115.365 Coordinated Response. The remaining thirty four (34) standards were rated as "met".

Number of standards exceeded: 7

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

#### **Summary:**

The State of Alabama Department of Youth Services Policy and Procedures, PREA Regulatory Guidelines and a variety of additional reviewed documentation, requires Zero Tolerance for all forms of sexual abuse and sexual harassment. It also describes the agency's response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. PREA definitions were provided in the reviewed documentation. Zero Tolerance is communicated to youth during orientation, through continued education and all reviewed documents listed in standard 115.333. A memo dated May 21, 2014, 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 memo also confirmed the agency's commitment to Zero Tolerance. The agency provided an Agency Organizational Chart confirms that the Agency PREA Coordinator reports directly to the agency Director of Licensing and Standards. The Mt. Meigs Complex Director, on March 28, 2013, designated via memo, the facility's PREA Compliance Manager. The provided Mt. Meigs Campus Organizational Chart, dated December 15, 2015, reflects the position of PREA Compliance Manager. This position reports directly to the Campus Administrator. The Agency has a very comprehensive and extremely detailed approach to prevention, detection, responding and reporting and the procedures that have been implemented exceed the standard. The Agency has developed forms for quarterly reporting of various occurrences covered by the standards and has gone above and beyond in developing detailed procedures and processes to keep youth sexually safe.

#### **Interviews:**

The Agency PREA Coordinator, a Certified PREA Auditor, was extremely knowledgeable of the PREA Standards and it was evident that he was committed to PREA and in implementing PREA in Alabama Youth Services Facilities. He related that he is directly responsible for three Facility PREA Compliance Managers and assists and provides guidance to private providers who serve Alabama DYS youth. He also related that he has the support needed to implement PREA and has the time to fulfill his PREA responsibilities. He related that the Department requires direct care staff to youth ratios of 1:8 during awake hours and 1:12 at night. An interview with the Facility PREA Compliance Manager confirmed that she has the time to perform her duties and responsibilities related to PREA. She also stated that she reports to the Campus Administrator and has the support required to implement PREA on the Mt. Meigs Campus. The Facility PREA Compliance Manager is very knowledgeable of the PREA Standards and was impressive in her interview. These interviews reaffirmed the auditor's initial impressions of the Agency's commitment to PREA and sexual safety for the youth on the Mt. Meigs Campus.

#### **Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Coordinator Designation and Qualifications Memo (May 21, 2014)
- ✓ Mt. Meigs Complex Facility PREA Compliance Manager Designation and Qualifications (March 28, 2013)
- ✓ Agency Organizational Chart
- ✓ Mt. Meigs Facility Organizational Chart

### **Standard 115.312 Contracting with other entities for the confinement of residents**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**Summary:**

The Pre-Audit Questionnaire (PAQ) indicated that the agency has 13 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. One contract with four residential facilities was provided for review. The contract contained in section 14 all requirements that the contractor adopt and comply with all Juvenile Facility PREA Standards established by the United States Department of Justice. Agency contracts also include “self-monitoring requirements” and acknowledges that the Alabama Department of Youth Services will conduct announced or unannounced, compliance monitoring to include “on-site” monitoring. DYS Policy also requires that 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.

**Interviews:**

The Contracts Manager was on leave and unavailable to be interviewed however the PREA Coordinator confirmed that DYS Contracts contain the required PREA Language, including “self-monitoring” as well as agency monitoring.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.312 Contract Private Provider Receipt of PREA
- ✓ Contract Review Report #50210148 (August 2014)
- ✓ Contract Review Report #60210148 (August 2015)
- ✓ Professional Service Contract Between Alabama Department of Youth Services and Sequel TSI of Alabama, LLC

**Standard 115.313 Supervision and monitoring**

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

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

**Summary:**

Staffing at the Mt. Meigs 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 annual staffing



assessment, dated January 20, 2016, submitted as a part of the facility documentation, required “Mt. Meigs Campus to maintain staffing ratios of a minimum of 1:8 and 1:12, except during limited and exigent circumstances, which are fully documented. Reviewed documentation, interviews with staff and youth and observations made during the on-site audit indicated the facility is maintaining the minimum staff to youth ratios as required. The Campus Sexual Abuse Treatment Program consists of five (5) living units, each with a rated capacity of 12 youth. The facility provided a “Staffing Pattern” roster dated February 5, 2016, documenting those staff who are assigned to each unit. Paige C Living Unit has nine (9) direct care staff assigned while Harris Units A and B and Paige D each had 8 direct care assigned. The Regular Population Youth are housed in the following living units: Intensive Treatment Unit (ITU), CAPS Substance Abuse Treatment Living Unit, Phyfer A and B, and Trustee. Thirteen direct care staff are assigned to the ITU Program and there are two (2) vacancies. Phyfer A and B have 12 and 13 direct care staff assigned with three (3) and two (2) vacancies respectively. Thagard has 10 direct care staff assigned with two (2) vacancies and Trustee has 12 direct care staff assigned and 3 of those are vacant.

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 awake hours and 1:12 in sleeping hours, through the use of video monitoring, positioning of staff to mitigate blind spots and through conducting unannounced rounds. When staffing ratios cannot be maintained staff may be held over or staff may be paid overtime. Deviations from the staffing pattern are documented. The facility provided a sample of “staffing affidavits” documenting staffing ratios for individual living units.

The reviewed Annual Facility Staffing Assessment dated January 20, 2016, 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 also documented that video surveillance has been augmented with additional cameras throughout the Mt Meigs Campus, including the cafeteria, living units and main gates.

Although the facility has documented unannounced rounds and is in compliance with the standards the auditor suggested that because of the complexity of this sprawling campus consisting of 31 structures and/or buildings, that the facility consider ways to ensure that all areas of the grounds and facility are being checked. This could be accomplished through dividing the campus up and having the Duty Officers check specified locations during the unannounced PREA Rounds during their “tour of duty” as duty officer. Another suggestion that would augment the unannounced rounds made by higher level staff would be to consider what roles the “security” staff might be able to play in ensuring that all areas and building are checked periodically but consistently. Security Staff provide roving patrols and other duties.

#### **Interviews:**

Interviews with the PREA Coordinator, the PREA Compliance Manager and the Sex Offender Facility Director, randomly selected staff and youth indicated that the facility maintains the staffing ratios of 1:8 and 1:12 as required. Interviews with intermediate and higher level staff indicated unannounced rounds are being made.

#### **Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Staffing Pattern
- ✓ Complete Facility Staff Work Schedules
- ✓ Daily Population Reports
- ✓ Facility Vulnerability Assessments
- ✓ Facility Rosters
- ✓ Group Counseling Schedules
- ✓ Facility Activity Schedule (All Dorms)
- ✓ Annual Survey of Sexual Victimization (DOJ 2014 Survey of Sexual Victimization Summary Form/Report)
- ✓ Security Court Affidavit
- ✓ PREA Form 115.113 Supervisory Monitoring Log
- ✓ Annual Review of Staffing Assessment (DYS 115.332)

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

**Summary:**

Alabama Department of Youth Services Policy and Procedures prohibits Mt. Meigs Campus from conducting cross-gender strip or cross-gender visual body cavity searches on residents. According to PRE-Audit Questionnaire (PAQ), during the audit period there were no cross-gender strip or cross-gender visual body cavity searches. Reviewed documentation indicated that the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

The facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The PAQ indicated no searches occurred during the audit period.

Policy requires the facility to implement procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Showers were observed to provide for privacy, most often through the use of PREA curtains or closed doors. Youth are required to come to the showers clothed and depart the showers clothed. Male staff conduct showers and position themselves where they can observe the shower facilities but do not directly view anyone in the showers.

Mt Meigs is an all-male resident facility. Female staff are required to announce their presence when entering a living unit. During the tour of the facility, female staff were observed announcing their entry into and presence on the unit.

**Interviews:**

One hundred percent (100%) of the randomly selected staff stated that staff are prohibited from conducting any form of cross gender searches. They also related they are prohibited from searching transgender or intersex youth to determine their genital status. Each interviewed female staff stated they have never searched a male youth. They indicated there are always male staff on duty and if necessary they would watch the youth and supervise them until a male staff was available. All of the male staff stated they have never seen a female search a youth. One hundred percent (100%) of the ten (10) interviewed youth, representing the different living units, related that they have never been searched by a female staff nor have they ever witnessed a cross gender search by a female staff. Staff confirmed the showering process and stated youth are never in view of staff while naked, either in the showers or while using the restroom. Female and male staff stated that anytime a female enters the living unit she always announces her presence by saying, "female on the unit" or she announces her name to alert youth that she is on the unit. Ten of 10 interviewed youth related that they are able to shower, dress and use the restroom without any staff viewing them.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.315 Cross Gender Strip Searches
- ✓ PREA Form 115.315 Cross Gender Visual Body Cavity Searches
- ✓ PREA Form 115.315 Cross Gender Pat-Down Searches
- ✓ Shift Duty Assignments
- ✓ Medical Reports (Medical Examination of Transgender or Intersex Juvenile)
- ✓ Security Training Records (Searches)
- ✓ Occurrence of Cross Gender Visual Body Cavity Searches Zero from May 1, 2014 – April 30, 2015
- ✓ Occurrence of physically examining a transgender or intersex juvenile for the sole purpose of determining the juvenile's genital status zero from March 1, 2015 – February 29, 2016.

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

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

- Does Not Meet Standard (requires corrective action)

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

**Summary:**

Alabama Department of Youth Services Policy and Procedures 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 DYS PREA Policy, Section III. Juvenile PREA Orientation (115.333), requires 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. It further provides that 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 shall 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 PREA Policy, III., Juvenile PREA Orientation also prohibits facilities from relying 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. (115.316)

This information is reiterated in the PREA Written Institutional Plan – Mt Meigs dated December 28, 2015. Paragraph Nine (9) provides a reiteration of the requirements of the PREA Policy and of the PREA Standards.

The Facility PREA Compliance Manager provided a copy of the contract between the Alabama Department of Youth Services and Deep South Language Services to provide Interpreter/Translator Services in three DYS Campus/Schools including the following: Mt. Meigs; Autauga and Vacca. The reviewed contract, effective October 1, 2015 thru September 30, 2016, provides for interpretive services for residents who may speak Spanish, Guatemalan (Various dialects) Chinese, Vietnamese and/or Korean. The contract requires that these services are available 24/7, 365 days a year. Additionally, it requires that interpreters possess the appropriate training/education and credential/licensure/certification.

During the audit period the auditor observed an "on-site" interpreter providing translation/interpretive services for a Spanish speaking youth. The auditor also had the opportunity to interview the Limited English Proficient Youth through the services of the interpreter/translator. Because the youth had received his intake and orientation in his native language he was able to articulate how he was provided PREA related information including the Zero Tolerance Policy, his rights to be free from sexual abuse and sexual harassment as well as his right to be free from retaliation and the multiple ways the Department and Facility provide for youth to report allegations.

The Mt. Meigs Pre-Audit Questionnaire indicated that the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay may result in a youth being unable to report an incident of sexual abuse or where delay could compromise the safety of the youth. There have been no occasions where resident interpreters, readers, or other types of resident assistants were used in the past 12 months.

**Interviews:**

Staff, in their interviews, consistently related that they would not rely on resident interpreters to translate or interpret for a youth, absent exigent circumstances where delay could result in a youth being unable to report or to put his safety in jeopardy. A Deep South Language Services Interpreter confirmed that she is on site with the Limited English Proficient Youth Monday through Friday from 7:45AM until 3:45PM. She also related that she provided interpretive/translation services during the youth's orientation. She also translated to enable the PREA Auditor to interview the Limited English Proficient Youth.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 –

- 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ PREA Form 115.331 Staff Receipt of PREA
- ✓ Access to Interpreter
- ✓ PREA Form 115.333LF
- ✓ PREA Form 115.333S
- ✓ Observation
- ✓ Interviews with a LEP Youth and Interpreter

### Standard 115.317 Hiring and promotion decisions

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

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

#### Summary:

Alabama Department of Youth Services Policy and Procedures prohibits Mt. Meigs from hiring or promoting anyone who may have contact with resident, and prohibits enlisting the services of any contractor who have contact with residents, who engaged in sexual abuse, or have been convicted of engaging or attempting to engage in sexual activity or has been civilly or administratively adjudicated to have engaged in the sexual abuse activities. The facility provided a sample of Pre-Employment PREA Questions documenting that applicants complete and sign the PREA Employment Questions Form. The PREA Written Institutional Plan – Mt. Meigs, reiterates the requirements of DYS Policy related to hiring and promotion decisions. This information is located in Paragraph # 10, Page 5 and references DYS Policy3.1, Recruitment and Section and DYS Form 115.317 PREAS Employee Questionnaire.

DYS 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. “Facilities shall set up a spreadsheet sorted by driver’s license expiration dates, and after the initial background check, run 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.

The facility provided a roster reflecting background clearance dates for all employees.

#### Interviews:

The Department HR Manager was on leave and unavailable for interview. The PREA Coordinator, in an interview, described the hiring and promotion process.

#### Reviewed Documentation to determine compliance:

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.317 Pre-employment Questionnaires

- ✓ Occurrence of hiring or promoting employees at Mt. Meigs Campus zero from March 1, 2015 to February 28, 2015.

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

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

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

#### **Summary:**

Alabama Department of Youth Services Policy and Procedures require that the facility, when designing or acquiring any new facility and in planning any expansion or modification of existing facilities, DYS and private service providers are required to consider the effect of all these elements on the agency's ability to protect juveniles from sexual abuse.

The PREA Policy also requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, DYS and private contract providers shall consider how such technology may enhance the ability to protect juveniles from sexual abuse.

The Mt. Meigs Campus is a complex and sprawling campus consisting of 31 buildings/structures, several of which are no longer being used. A schematic showing the locations of cameras was provided. There continue to be a number of areas where there is no camera coverage. The Department is aware of the challenges presented by limited camera coverage and additional cameras are currently being installed. In the absence of camera coverage, the facility has limited who has access to certain keys. A number of doors have windows enabling viewing. There are a number of solid doors located throughout the campus. Some of these had home-made signs restricting access. These are easily removed. It was recommended that staff consider minimally placing laminated signs restricting access to these areas to authorized staff. Too, the use of mirrors would be an economical way to mitigate limited viewing areas. Staff report that they have to be in line of sight supervision of youth at all times. Mirrors, strategically placed, are also a very good way to mitigate limited sight. Additionally, unannounced rounds are being made. It was recommended that these rounds include all areas of this campus and ways to accomplish this on a consistent basis were discussed with the PREA Compliance Manager and PREA Coordinator and Sex Offender Program Superintendent.

#### **Interviews:**

The Agency PREA Coordinator served as the DYS Director's designee. In an interview with him, he related the need for a centralized area where staff can monitor video cameras. He said the agency would consider, when designing or acquiring or planning substantial modifications to facilities, how best to protect residents from sexual abuse. He stated the Department requires ratios of 1:8 during awake hours and 1:12 during sleep hours to provide enhanced supervision of youth and uses cameras as a backup to staff supervision. Interviews with the DYS Investigator and confirmation via email with a DYS attorney confirmed that security staff stationed in the education area are able to view the vocational buildings as well.

#### **Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Surveillance System Schematic:
  - Mt. Meigs Main Gate (Denotes the Location of Cameras and Switch Locations)
  - Hill Dining Hall (D- 2MP Dome and M – 2MP Macrodome)
  - C.A.P.S. Assessment (No Cameras)
  - D&E; A&B (Denotes Locations of Cameras, DVR and Switch Locations)

## Standard 115.321 Evidence protocol and forensic medical examinations

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

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

### Summary:

Mt. Meigs facility is responsible for conducting administrative sexual abuse investigations including resident-on-resident sexual abuse or staff sexual misconduct. 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 for appropriateness to serve in this role and who have received training concerning sexual assault and forensic examination issues in general.

DYS Policy and the Mt. Meigs Facility offer residents 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, a standalone facility, operating 24/7. 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.

The Pre Audit Questionnaire indicated that there have been no incidents requiring forensic medical exams during the past 12 months.

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". This standard exceeds the requirements because of the work the agency has done to secure a MOU with a stand-alone RAPE Crisis Center, the Lighthouse, who provides forensic exams and other services to victims of sexual assault, including advocates for victims but the agency went a step further and trained selected staff to serve as advocates for youth. The facility exceeds the standard because in addition to the services provided by "The Lighthouse" the agency has been proactive and entered into a contract with "The Lighthouse" to ensure that those services are provided expeditiously and that both parties know the responsibilities of the other.

### Interviews:

An interview with the Director of Programming at the Lighthouse Counseling Center indicated that this organization is a "stand alone" facility operating 24/7 providing sexual assault forensic exams. Services include "head to toe exams", forensic exam/collection of evidence, std prophylaxis, contraception information, pregnancy tests for females and discharge orders for continued care. The facility, according to the Director, has one full time examiner and eight (8) contract examiners. An interview with the Nurse Manager at Mt. Meigs was knowledgeable of actions to take in response to an incident of sexual assault, including the steps he would take to preserve the evidence.

### Reviewed Documentation to determine compliance:

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)

- ✓ PREA Form 115.321 Victim Advocate Receipt of PREA
- ✓ Victim Advocate Certification of Completion (Alabama Coalition Against RAPE)
- ✓ Credentials for Criminal Investigators (NIC PREA: Investigating Sexual Abuse in a Confinement Setting)
- ✓ Certificate of Attendance (Specialized Training: Investigating Sexual Abuse in Correctional Setting/Moss Group LLC)
- ✓ Agreement Between Mt. Meigs Campus of the Alabama Department of Youth Services and the Montgomery County Sheriff's Office (May 8, 2015)

**Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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

**Summary:**

Alabama Department of Youth Services Policy and Procedures require the facility to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Policy requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations. That agency is the Montgomery County Sheriff's Office. The reviewed Memorandum of Understanding between the facility and Montgomery County Sheriff's Office confirms and acknowledges the roles of the Sheriff's Office and the facility. The MOU, dated May 8, 2015, states that the Montgomery Sheriff's Office will provide services "on a 24 hour a day basis" and that the services they will provide include the responsibility for investigating allegations of sexual abuse by qualified staff screened for appropriateness to serve in that role and who have received training concerning sexual assault and forensic exam issues generally. All referrals of allegations of sexual abuse or sexual harassment for criminal investigations are documented. In addition to referrals to the Montgomery County Sheriff's Office, they are submitted to the Alabama Department of Youth Services. Allegations are also referred simultaneously to the DYS Investigator through the Alabama DYS General Counsel. DYS Investigators make a determination of whether or not the allegation is criminal and should be referred to the Sheriff's Office or whether the allegation is administrative in nature. Allegations that are administrative will be investigated by the DYS Investigator.

The Pre Audit Questionnaire indicated that there was one allegation of sexual abuse and sexual harassment. Documentation indicated it was investigated by the DYS Investigator and followed up with a criminal referral to the Montgomery County Sheriff's Office.

**Interviews:**

An interview with a DYS Special Investigator indicated that he was very knowledgeable of the responsibilities of his agency relative to investigating allegations of sexual abuse and sexual harassment. He related that DYS Investigations are done at the direction of the Alabama Department of Youth Services General Counsel. He stated that incident reports from the facility go to Legal, the unit responsible for the investigation unit, who then refers them on to investigations. The investigator stated if the allegation was a "rape" a call would go to the General Counsel and he would call investigations with instructions regarding conducting an investigation. If the allegation is criminal, the DYS Special Agent stated that all of the DYS information would be given to the Montgomery County Sheriff's Office Investigator. Interviews with the PREA Coordinator, Facility PREA Compliance Manager and the Facility's Sexual Offender Director indicated that all reports, regardless of how they are received are referred for investigation.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Administrative Investigations (1 / Date of Investigation 1-19 thru 2-10-2016)

- ✓ Website Publication
- ✓ Referrals to Law Enforcement for Criminal Investigation
- ✓ Occurrence of Referrals to Law Enforcement zero from March 1, 2015 thru February 29, 2016)

**Standard 115.331 Employee training**

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

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

**Summary:**

Alabama Department of Youth Services Policy and Procedures 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 Training Curriculum and identified the page and section on the Pre-Audit Questionnaire. It was also documented on the Standards Compliance Checklist developed by the PREA Coordinator. In addition to the training provided from the Training Curriculum, the facility has staff posters in Spanish and English and staff brochures. An excellent PREA Brochure, entitled “What Staff Should Know About Sexual Misconduct With Juveniles” is available to staff. This brochure discusses such topics as sexual misconduct, including sexual harassment, disciplinary actions, abuse of power, understanding how juveniles may use their sexuality, boundaries and other vital areas.

Between trainings 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 as needed.

The Pre Audit Questionnaire documented that 175 staff currently employed by Mt Meigs were trained or retrained on the PREA requirements. The facility provided samples of documentation that indicated staff were and are trained as stated and required. These included samples of the form entitled “Staff Receipt of PREA”. Staff acknowledge, by their signatures, that they have received and understand the 17 identified areas and topics listed on the form. Additionally, the auditor reviewed A Memo dated September 9, 2015, from the Acting Campus Director reminding staff that they would be receiving their Annual Facility Specific Training on September 30, 2015. Training rosters dated September 20, 2015, contained the signatures of 123 staff acknowledging that they received the PREA Refresher training provided by the Facility PREA Compliance Manager. An additional training roster dated January 5, 2016 documented an additional two hours of PREA Training.

**Interviews:**

Randomly selected staff, as well as specialized staff, were knowledgeable of PREA. Specialized Staff were especially articulate in being able to relate their understanding of PREA and the topics that they were trained in. Direct Care staff demonstrated their knowledge of PREA and were consistently able to articulate their responsibilities to report all suspicions, knowledge, allegations or reports of sexual abuse and they would report it regardless of how the allegation was received. They were well aware of the Zero Tolerance Policy and youth and staff’s rights to be free from retaliation for reporting. They were articulate about their roles as first responders and how to protect evidence.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Code of Alabama 1975 Section 26-14-3
- ✓ Employee Training Curriculum
- ✓ PREA Form 115.331 Staff Confirmation of Receipt of PREA
- ✓ PREA Pamphlet 115.331.1 What Staff Should Know About Sexual Misconduct with Juveniles



- ✓ Newcomer Evaluation: Summary Report January 2016
- ✓ Training Needs Assessment: Summary Report January 2016
- ✓ Memo: Mt Meigs Campus Facility Specific Training (September 9, 2015)
- ✓ Mt. Meigs Specific Training Roster (September 30, 2015)
- ✓ Training and Staff Development Roster (January 1, 2016)

**Standard 115.332 Volunteer and contractor training**

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

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

**Summary:**

DYS Policy PREA Regulatory Guidelines, dated March 31, 2014, page 6, Paragraph E. Volunteers and Contractors, subparagraph 1, 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. Subparagraph 2 also requires that all volunteers shall be notified of the Agency’s Zero Tolerance Policy and informed how to report. Training is provided via a power point presentation that includes the following: PREA Definitions, Policy Statement, prohibitions, reporting requirements and then the volunteers and contractors sign an acknowledgment. The PAQ indicated that ten volunteers and contractors, were trained during the past 12 months and notified of the facility’s zero-tolerance policy and how to report. A sample of Volunteer and Contractor Receipt of PREA Forms were provided for review.

**Interviews:**

An interview with a facility volunteer indicated he has been trained in the PREA Policy, including the Zero Tolerance Policy and how to report. He also acknowledged that he is a mandated reporter. He also related that he volunteers in the adult correctional system and has had PREA training from them as well.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.332 Volunteer and Contractor Receipt of PREA
- ✓ PREA Form 115.311 PREA Fact Sheet
- ✓ Occurrence of new volunteer training being conducted zero from March 1, 2015 thru February 29, 2016.

**Standard 115.333 Resident education**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

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

#### **Summary:**

The residents at Mt. Meigs receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. DYS Policy also requires that youth are given the "What You Should Know Brochure About Sexual Abuse and Assault". The Agency provided three (3) versions of the brochure. One version is in English, one in Spanish and one in English developed for lower functioning youth. The Student Handbook, which youth are given access to, advises youth of their right to be safe from sexual abuse, how to report, what to do if the youth is assaulted, and honesty in filing an allegation.

DYS Policy requires that within 10 days comprehensive and age appropriate education must be provided either in person or through video. The information provided in these sessions must include the following: Information in the Youth Handbook, the PREA Form 115.333, the "What You Should Know Brochure", the DYS Safety Guide, the power point presentation, and the DYS Facts Sheet. 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 reading the information as well as the youth, initial each block of PREA related information. The facility provided a sample of the "Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA). Each block of information (16 PREA Items/Topics) was initialed by both staff and the youth.

The facility also ensures the key information about PREA is continuously and readily available or visible through posters, resident handbook, and PREA Pamphlets.

The facility requires 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. The facility has done an excellent job of educating the youth and although youth were not able to articulate information about outside agencies, that information is provided to them in multiple ways and they have the names and addresses of those organizations and are able to access them easily, if needed.

#### **Interviews:**

One hundred percent (100%) of the interviewed youth were very knowledgeable about PREA, including the Zero Tolerance Policy, their rights to be free of sexual abuse and harassment, their right to be free of retaliation for reporting as well as multiple ways to report, both internally and externally. Youth consistently related they felt safe in this facility and all of them stated they have at least one staff that they trusted enough to make a report to. They also related they could report through the grievance process, the advocate, using the hotline, telling their caseworker and their parents. When asked if their attorneys were able to visit if they had one or if they could access them via phone all youth stated they would be allowed to call their attorneys and that they would be allowed to visit them. All of the interviewed youth also related they were given PREA related information during intake and later in education sessions. They also related they signed PREA Acknowledgments. The one area in which youth were not knowledgeable was the area of "outside support organizations". None of the youth were able to name an outside agency that would provide support services. Only one ventured a guess at what kind of services these organizations might provide. Although youth have access to the phone numbers of these organizations, it is recommended that refresher training be provided to educate youth about the availability of outside support services, what these services would include, how they can access them as well as information related to confidentiality of information if a youth sought support services. None of the youth had ever needed these services so it is understandable that they might not be able to name any of the services they might provide.

#### **Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Juvenile Handbook Orientation on Sexual Assault
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ PREA Pamphlet 115.333 What You Should Know About Sexual Abuse and Assault
- ✓ PREA Pamphlet 115.333F (Limited Reading Skills)
- ✓ PREA Pamphlet 115.333.1 DYS Youth Safety Guide
- ✓ Power Point Presentation 115.333 PREA Orientation
- ✓ Power Point Presentation 115.333.1 PREA Facts Every Juvenile Should Know
- ✓ Posters and other Visual Aides

- ✓ Professional Leadership Certificate (State of Alabama Department of Education)

### **Standard 115.334 Specialized training: Investigations**

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

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

#### **Summary:**

Alabama Department of Youth Services Policy and Procedures requires that Mt. Meigs investigators are trained in conducting sexual abuse investigations in confinement settings. Mt. Meigs has two investigators that completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting. Additionally, the investigators signed acknowledgments of understanding PREA related requirements and items enumerated on the Special Investigators Receipt of PREA forms. These forms identify 20 PREA related items/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 signature, the DYS Special Investigator acknowledges receiving and understanding information on the Prison Rape Elimination Act regarding the 20 enumerated items/topics.

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 standards 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 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.

All referrals for allegations of sexual abuse or sexual harassment for criminal investigations are documented. In addition to referrals to the Montgomery County Sheriff's Office, they are submitted to the Alabama Department of Youth Services. This standard is rated exceeds because in addition to agency investigations, the agency went above and beyond to secure a Memorandum of Understanding with the Montgomery County Sheriff's Office, identifying what the agency would provide as well as the services provided by the local sheriff's office. Reaching out the local law enforcement ensures that both are on the same "sheet of music" regarding investigating allegations or reports of sexual abuse within the facility.

#### **Interviews:**

An interview with an agency investigator indicated he was imminently qualified and very knowledgeable of DYS Policy and investigative procedures. He has completed the Specialized Training for investigators investigating allegations within confinement settings provided by the National Institute of Corrections.

#### **Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Credentials for Criminal Investigators (NIC PREA: Investigating Sexual Abuse in a Confinement Setting)
- ✓ Certificate of Attendance (Specialized Training: Investigating Sexual Abuse in Correctional Setting/Moss Group LLC)
- ✓ Agreement Between Mt. Meigs Campus of the Alabama Department of Youth Services and the Montgomery County Sheriff's Office (May 8, 2015)
- ✓ PREA Form 115.334 Special Investigator Receipt of PREA

- ✓ Certification of DYS Special Investigators (Administrative)

### **Standard 115.335 Specialized training: Medical and mental health care**

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

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

#### **Summary:**

The facility has a policy related to the training of medical and mental health practitioners who work regularly with the residents. DYS Policy 12.11 Alabama Licensure Requirements, require 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. Additionally, the DYS PREA Policy, Page 5, Paragraph C, Medical and Mental Health Staff, subparagraph 1, requires that each facility ensure that all full time and part time medical and mental health care practitioners have been trained in the following areas: Detecting and assessing signs of sexual abuse and sexual harassment, preserving evidence, Responding effectively and professionally to juvenile victims and reporting. Subparagraph 3 requires the facility to maintain documentation that medical and mental health practitioners have received required training using PREA Form 115.335, Medical and Mental Health Care Staff Receipt of PREA Specialized Training. A sample of National Institute of Corrections Certificates documenting specialized training for medical staff was provided. Sampled documentation was provided on site confirming that mental health staff received specialized training from the qualified trainers and the curriculum addressed each of the topics required by the NIC Training Curriculum.

The medical staff at the facility do not conduct forensic medical exams.

The facility also provided additional documentation, a Contract with the Lighthouse – Standing Together Against Rape (STAR), a 24- hour crisis intervention service for victims of sexual assault. This facility, centrally located in Montgomery, Alabama, continues to exist as the sole provider of forensic exams for alleged sexual assault victims. The director of the STARS program confirmed in the contract that the Sexual Assault Nurse Examiners have received specific training that follows the International Association of Forensic Nurses guidelines. Contracts for the year 2014-2015 and 2015 thru 2016 were reviewed and contained documentation of the availability of trained and qualified nurse examiners.

#### **Interviews:**

Interviews with medical and mental health staff indicated they have received the specialized training required by the PREA Standards. The Nurse Manager related that all of his staff, including full time, contract and part time staff have received the NIC Specialized Training for Health Care Providers in Confinement Settings. An interview with the Program Director for the Lighthouse (STARS) indicated that her staff are qualified and have completed the training that follows the International Association of Forensic Nurses Guidelines.

#### **Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Alabama Board of Nursing Certification/Licenses
- ✓ PREA Form 115.335 Medical and Mental Health Receipt of PREA
- ✓ PREA Form 115.335.1 DYS Contract Medical and Mental Health Receipt of PREA
- ✓ Rape Crisis Center/Child Advocacy Center Memorandum of Understanding (Lighthouse Counseling Center, Inc.) Date September 12, 2014
- ✓ MOU with STAR 24-hour Crisis Intervention/ Sexual Assault Nurse Examiners (SANEs) dated August 1, 2014
- ✓ Contract Review Report between Alabama Department of Youth Services and Lighthouse Counsel Center, Inc.

- (August 2014)
- ✓ Discharge Notes
- ✓ NIC PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting (Certificate)
- ✓ There were no forensic examinations done during audit cycle.

#### **Standard 115.341 Screening for risk of victimization and abusiveness**

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

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

#### **Summary:**

DYS Policy 13.8.1, Section IV, Screening Sexual Assault and/or Sexual Victimization, subparagraph A requires that all juveniles shall be screened within 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 is administered to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly. A 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, facilities are 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.

The 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. The facility uses an objective screening instrument provided by the Alabama Department of Youth Services.

Sampled Screening for Assaultive Behavior and Sexually Aggressive Behavior and for Sexual Assault instruments were provided and reviewed. The reviewed sampled documents contained all of the information required by the standards. Examples of reassessments were also provided and reviewed.

#### **Interviews:**

Interviews with the intake staff and staff responsible for performing screening for risk of victimization and abusiveness indicated staff are complying with DYS Policy and that they are aware of the importance of securing vital information during this process to ensure the youth's safety. Staff reported that the risk screening takes place within 24 hours. They indicated that they would consider information from a variety of sources including information that comes to the facility with the resident, social histories, transfer documentation, information that is accessible via the departmental data base system, information secured from the resident, mental health or medical screenings if available, and observation.

#### **Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)

- ✓ PREA Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization
- ✓ Medical Intake-Physical Exam Documentation
- ✓ Intake – Screening/Immunizations/Lab Results
- ✓ Intake – Screening History & Observations
- ✓ PREA Risk Reassessment
- ✓ PREA Form 115.341.1 PREA Risk Reassessment
- ✓ PREA Form 115.341.2 Guidelines for PREA Shared Information

**Standard 115.342 Use of screening information**

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

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

**Summary:**

After conducting the screening, the facility uses this information to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Alabama Department of Youth Services Policy and Procedures require residents at risk of sexual victimization be placed in isolation only as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

The Pre-Audit Questionnaire indicated that they have not had any residents at risk of sexual victimization who were placed in isolation during the past 12 months.

Alabama Department of Youth Services Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The policy prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Housing and program assignments for transgender or intersex residents are based on a cases-by-case basis. Alabama Policy and Procedures require that if a resident at risk of sexual victimization is held in isolation, the resident is afforded a review every 30 days to determine whether there is a continuing need for separation from the general population.

**Interviews:**

Interviews with randomly selected staff, the PREA Coordinator, PREA Compliance Manager and the Facility Director confirmed that they have not used isolation to protect any residents at risk for sexual victimization during the past 12 months. They also stated identification or status is not considered as an indicator of the likelihood that the youth will be sexually abusive.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.342 Housing Unit Placement
- ✓ PREA Form 115.342.1 Isolation Activity Log
- ✓ Occurrence of Housing Unit Placement for Transgender or Intersex Juveniles zero from March 1, 2015 thru February 29, 2016.
- ✓ Occurrence of Isolation zero from March 1, 2015 thru February 28, 2016.

## Standard 115.351 Resident reporting

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

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

### Summary:

Alabama Department of Youth Services Policy and Procedures requires Mt. Meigs Campus to establish procedures allowing for multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment; retaliation by other residents and/or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to incident. The documentation provided showed five ways for juveniles to report sexual abuse and sexual harassment or retaliation. These are:

1. Verbally
2. To a friend, a staff member or someone you trust
3. Utilizing the Grievance Box
4. Calling the Alabama DYS Sexual Assault Hotline
5. Anonymously
6. Third Parties

Reporting information is delivered to residents through the intake process, the education process, in the resident handbook, pamphlets, and posters. Staff are required to document verbal reports immediately and to complete an incident report by the end of each shift. Posters were observed throughout the facility and one poster especially has been created with vivid color and consists of a megaphone. Emanating from the megaphone are five ways youth can report. Posters are placed liberally throughout the campus.

The student handbook provides 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. Staff members are instructed to keep the reported information confidential and only discuss it with the appropriate officials that have a need to know in order to perform their duties. Persons who report sexual misconduct will be free from retaliation. You may also report such incidents to your ADAP representative, who does not work for DYS."

Mt Meigs residents are able to report sexual abuse and sexual harassment privately outside the facility by using the Alabama DYS Sexual Assault PREA Hotline Message (1-855-332-1594); ADAP – Alabama Disabilities Advocacy Program (1-800-826-1675). Additionally, the mailing address for the Disabilities Advocacy Program is provided; P.O. Box 870395, for Tuscaloosa, Alabama 35487-0395.

The state requires that residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Contact information is provided.

### Interviews:

One hundred percent (100%) of the interviewed with youth confirmed that they have received information through a number of venues instructing them how to report any allegations of sexual abuse, sexual harassment or retaliation. Without exception they stated they can report verbally, in writing and through third parties. Interestingly, each youth related that he had at least one staff at the facility he could report sexual abuse, harassment or retaliation to. Every interviewed youth knew how to access the hotline. Additionally, they were well aware of the grievance process and each interviewed youth related that they had confidence in the advocate as the DYS Staff person, not a staff member for Mt. Meigs, as someone they would trust to respond to their grievances. Interviewed staff were also very knowledgeable of the multitude of ways youth and staff can

report.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ DYS Form 1.28 DYS Youth Grievance Form
- ✓ Juveniles Report Abuse / Harassment to a Public / Private Entity / Office
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ PREA Form 115.351 Alabama Hotline Message
- ✓ Posters: 5 Ways of Reporting
- ✓ Occurrence of Juveniles submitting a Grievance Alleging Sexual Abuse, Sexual Harassment and/or Staff Neglect or Violation of Responsibilities zero from March 1, 2015 thru February 29, 2016.

**Standard 115.352 Exhaustion of administrative remedies**

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

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

**Summary:**

Alabama Department of Youth Services Policy and Procedures has an administrative procedure for dealing with resident grievances regarding sexual abuse. The resident is allowed to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

Alabama Department of Juvenile Services Policy and Procedures, 1.28, Juvenile Grievance Process, 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.

Once a 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.

Retaliation or the threat of retaliation from any DYS 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 Pre-Audit Questionnaire indicated that there were no grievances alleging sexual abuse that were filed during the audit period.

The Policy also 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. Policy 1.28 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.

The Pre-Audit Questionnaire also indicated that there were no emergency grievances alleging substantial risk of imminent



sexual abuse that were filed during this audit period.

**Interviews:**

One hundred percent (100%) of the interviewed youth were able to articulate the grievance process. They also indicated, in their interviews, that they trusted the DYS Advocate and believed that if they needed to file a grievance alleging sexual abuse the advocate would take it seriously and respond by taking action. None of the interviewed youth reported having ever filed a grievance at the facility. None of the interviewed youth reported they had filed a complaint alleging any form of sexual misconduct or sexual abuse.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Juvenile Grievance and Response Form
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ PREA Form 115.354 Third Party Reporting
- ✓ Entrance Letter to Parents
- ✓ Occurrence a Juvenile submitting a grievance regarding an allegation of sexual abuse; zero from March 1, 2015 thru February 29, 2016.
- ✓ Form Memo: Response to Compliant
- ✓ Occurrence of Third-party Reports of Sexual Abuse and Sexual Harassment zero from March 1, 2015 thru February 29, 2016.

**Standard 115.353 Resident access to outside confidential support services**

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

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

**Summary:**

Alabama Department of Youth Services Policy and Procedures provide residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:

- Posting important numbers for residents to know to report sexual abuse:
  - o DYS Sexual Assault 24 Hours Hotline (1-855-332-1594)
  - o Lighthouse Rape Crisis Center 24 Hour Hotline (334-213-1227)
  - o ADAP – Alabama Disabilities Advocacy Program (1-800-826-1675) and mailing address; P.O. Box 870395, Tuscaloosa, Alabama 35487-0395
  - o For residents detained solely for Civil Immigration purposes – Alabama Department of Homeland Security at 1-334-353-3050.

The facility provides residents with reasonable and confidential access to their attorneys and/or legal representation; as well as parents and legal guardians.

**Interviews:**

Interviewed youth were aware of how to access outside agencies or organization through the hotlines and all of them stated they would have access to a phone if they needed to report anything. Youth were not as knowledgeable about the names of these organizations or the services they might provide them if they ever needed them. Several indicated that they thought the services these agencies would provide were counseling. Although the youth have access to the information and were

provided information during the orientation period, it is recommended that refresher training be given to the youth to ensure they have knowledge of the names of the organizations, the services they would provide but also whether or not these agencies or organizations were able to keep confidential information given by the resident.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Memorandum of Agreement with Rape Crisis Center/Child Advocacy Center
- ✓ Posters
- ✓ DYS Form 115.351 Alabama PREA Hotline Message
- ✓ Juvenile Handbook
- ✓ DYS Form 100.8 Informed Juvenile Verification
- ✓ PREA Form 115.333 Juvenile Receipt of PREA
- ✓ Important Numbers for Juveniles to Report Sexual Abuse:
  - DYS Sexual Assault 24 Hour Hotline – 1-855-332-1594
  - Lighthouse Rape Crisis Center 24 Hours Hotline – 334-213-1227
  - ADAP Alabama Disabilities Advocacy Program – 1-800-826-1675
  - Civil Immigration – 1-334-353-3050
- ✓ Access to Outside Support Services (ADAP)
- ✓ Memo: Student Phone Access to ADAP Representatives (Date April 20, 2011)

**Standard 115.354 Third-party reporting**

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

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

**Summary:**

The Alabama Department of Youth Services has a great website publication for Third-Party Reporting. The Website states “If you suspect sexual abuse has happened at an 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. You may also report using the **THIRD PARTY REPORTING FOR SEXUAL ABUSE/ASSAULT/ AND HARASSMENT FORM**. 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.

**Interviews:**

Interviews with youth confirmed that they are aware of who third parties are. They are also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on behalf of the resident. All of the interviewed staff related that they would accept a report from any source, orally or in writing, and would take it seriously regardless of the source. They also said they would verbally report it immediately followed by a written incident report completed prior to the end of the shift.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 –

- 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.354 Alabama PREA Third Party Reporting Form
- ✓ Agency Website Publication – Report Guidelines
- ✓ Occurrence of Third-Party Reports of Sexual Abuse and Sexual Harassment zero from March 1, 2015 thru February 29, 2016.

**Standard 115.361 Staff and agency reporting duties**

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

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

**Summary:**

DYS Policy 13.16, Child Abuse Reporting, requires that all reportable incidents must be reported in accordance with the Code of Alabama, 1975, as amended (Code of Alabama 1975, Section 26-14-3). This policy also requires that employees comply with all other DYS policies regarding reporting incidents (DYS Policy 9.21) and critical incidents (DYS Policy 8.12). DYS Employees are mandated reporters.

Alabama Department of Youth Services Policy requires all staff to report immediately 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.

Mt. Meigs reported in the DYS Policy 115.361, Staff and Agency Reporting Duties, in the Pre-Audit Questionnaire, that there were no reports of allegations of sexual abuse during the first three quarters of the reporting period March 1, 2015-November 30, 2015 and one allegation reported during the final quarter of the reporting period December 1, 2015 through February 26, 2016. Additionally, the form documented that there were no anonymous or third party reports during the entire reporting period; March 1, 2015-February 26, 2016.

**Interviews:**

Staff were able to articulate the reporting process. Every staff related they would take all allegations seriously regardless of how they received the report. All staff were aware of their status as “mandated reporters”. Staff stated they would immediately make a verbal report to their supervisor and complete a written report prior to the shift’s end. A number of interviewed staff stated they would begin writing the report immediately to ensure they reported the facts accurately.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ DYS Form 8.12 Critical Incident Report
- ✓ PREA Form 115.331 Staff Receipt of PREA
- ✓ Confirmation of Parent/Attorney/Guardian Notifications
- ✓ PREA Form 115.381 Consent to Treatment
- ✓ PREA Form 115.341.2 Guidelines for PREA Shared Information
- ✓ DHR-FCS 1593 Child Abuse Reporting Form
- ✓ Anonymous Reports
- ✓ PREA Form 115.354 Third Party Reporting

- ✓ Medical Consent Form
- ✓ Occurrence of Mandatory Child Abuse Reporting zero from March 1, 2015 thru February 29, 2016.

**Standard 115.362 Agency protection duties**

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

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

**Summary:**

DYS Policy requires that when staff learn that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident by housing unit reassignment or using a critical incident report for sexual assault. The Pre-Audit Questionnaire indicated there were no youth that the facility determined the resident was subject to substantial risk of imminent sexual abuse.

**Interviews:**

Interviews with the Agency PREA Coordinator, the PREA Compliance Manager and the Facility Director, as well as randomly selected staff, indicated that the report or allegation would be taken seriously. They also related that the youth and alleged potential perpetrator would be separated until the report could be investigated after which the potential perpetrator may be moved to another unit or another facility. If the potential perpetrator was a staff, interviews confirmed that the staff would be placed on administrative leave until an investigation could be completed and if the allegation was substantiated the presumptive action would be termination.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ DYS Form 8.12 Critical Incident Form
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ PREA Form 115.342.1 Isolation Activity Log
- ✓ Occurrence of Risk of Imminent Sexual Abuse: zero from March 1, 2015 thru February 29, 2016.

**Standard 115.363 Reporting to other confinement facilities**

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

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

**Summary:**

DYS Policy 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 has developed a comprehensive 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 Facility administrator that receives 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 Pre-Audit Questionnaire indicated that there were no allegations of sexual abuse at another facility that the facility received during the past 12 months. 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 March 1, 2015 through February 29, 2016.

**Interviews:**

Interviews with the Facility Director and Facility PREA Compliance Manager indicated that there were no allegations made by youth, during the past 12 months, that they had been the victim of sexual abuse at another facility while they were confined there. The interviewed staff were well aware of the requirements for reporting these incidents and were able to articulate them without hesitation.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.363 Reporting to Other Confinement Facilities
- ✓ Occurrence of receiving an allegation that a juvenile was sexually abused while confined at another facility zero from March 1, 2015 thru February 29, 2016.

**Standard 115.364 Staff first responder duties**

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

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

**Summary:**

First Responder duties and expectations are articulated very clearly multiple times through the following: 1) DYS Policy 13.8.1, Prison Rape Elimination Act, 2) The First Responder Guidelines for Sexual Assault at Department of Youth Services Facilities and 3) First Responder Checklist and 4) The First Responder Flow Chart. Additionally, Item 15 on the Staff Receipt of PREA Acknowledgment Form documents understanding of first responder duties and Item 17, acknowledges that the staff understands the PREA Written Institutional Plan which is an extremely comprehensive plan containing narrative explanations and instructions regarding virtually every facet of the facility's prevention, detecting, responding and reporting program. The agency has gone to great lengths to demonstrate through clearly written instructions, the expectations for each standard related to all of the PREA Standards, including First Responder Duties.

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 does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
4. Request that the alleged victim not take any actions that could destroy physical evidence, and then notify his/her supervisor.
5. Follow PREA Form 115.371, Process for Investigating an Allegation of Sexual Abuse and report up the chain of command as indicated.

First responder duties for non-security staff are the same as security. The Pre-Audit Questionnaire indicated that the facility received one allegation that a resident was sexually abused, and it was reported by a non-security staff member as the first responder.

**Interviews:**

One hundred percent (100%) of the interviewed staff, security and non-security, were able to articulate the steps they would take as first responders. Their responses were consistent with DYS Policy.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.331 Staff Receipt of PREA
- ✓ PREA Form 115.364 First Responder Checklist
- ✓ PREA Form 115.364.1 First Responder Guidelines for Sexual Assault
- ✓ Flow Chart

**Standard 115.365 Coordinated response**

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

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

**Summary:**

DYS has developed several documents to communicate the roles of responders, including direct care staff, medical, mental health 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. This standard is rated exceeds because of the in-depth and comprehensive plan for approaching and implementing the prevention, detecting, response and reporting program for the facility and agency. Additionally, first responders have a flow chart describing the roles of each player in responding to an allegation or incident of sexual abuse. All of these documents are written with great detail and provide clear instructions for staff.

**Interviews:**

Interviews with direct care staff, medical and mental health staff, the Rape Crisis Center Staff person, and administrators indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual assault.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)

- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Written Institutional Plan
- ✓ Coordinated Response Flow Chart

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

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

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

**Summary:**

The Agency PREA Coordinator provided a Memorandum dated April 15, 2016 entitled, 115.366 Preservation of ability to protect juveniles from contact with abusers. The memo stated the Agency or Facility is not involved in collective bargaining. It also states there is nothing that limits the agency’s ability to remove alleged staff sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Lastly, the memo stated that Alabama is a right to work state and does not have any union employees.

**Interviews:**

The Agency PREA Coordinator was interviewed as the Agency Director’s Designee. In that interview he stated that Alabama is a right to work state and is not involved in collective bargaining nor does the agency have any union employees.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Notification Letter
- ✓ Administrative Leave Letter
- ✓ Occurrence of Notification Letter zero from March 1, 2015 thru February 29, 2016
- ✓ Memo from the Agency PREA Coordinator re: 115.366 Preservation of Ability to Protect Juveniles from Contact with Abusers

**Standard 115.367 Agency protection against retaliation**

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

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

**Summary:**

DYS Policy 1.29, Special Investigation Unit, established a zero tolerance for retaliation for reporting.

DYS 13.8.1, Prison Rape Elimination Act, XV., Protection Against Retaliation, 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. Facilities are required to act promptly to remedy any form of retaliation.

The Agency protections from retaliation are to be afforded 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 that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations. Monitoring, at Mt. Meigs, continues in 30 day increments until at least 90 days following a report of Sexual Abuse and 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.

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.

The Pre-Audit Questionnaire indicated that there were no incidents of retaliation that occurred during the audit period.

Additionally, this was documented on the DYS Form, 115.367, Agency Protection Against Retaliation. These forms documented that there were no incidents of retaliation during the period March 1, 2015 through February 29, 2016. However, staff articulated the requirements of the policy and the standards.

**Interviews:**

An interview with the Agency Head's designee Indicated that the facility PREA Compliance Manager serves as the agency retaliation monitor. He also related that the agency would expect that actions would be taken immediately to ensure the youth was safe. It is the expectation of the Agency that the youth would be monitored for at least 90 days or until the youth's release. The PREA Compliance Manager was very knowledgeable of actions to take relative to retaliation. She related that she would initiate contact with the youth and provide measures to protect the youth. She stated that some of those actions would include notifying the unit manager, separate the youth by changing living units, change seats, either change the youth's classes or monitor the youth over video and possibly sending the alleged perpetrator to another facility. She also related that although there have been no cases of retaliation, she would monitor the youth for 30 days and continue for an additional 30 days up until 90 days and then as long as necessary to protect the youth. Interviewed youth were aware that they have the right to make a report or allegation of sexual abuse or sexual harassment and a right to be free from retaliation for reporting.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ PREA Form 115.367 Protections Against Retaliation
- ✓ Treatment Notes
- ✓ PREA Form 115.171 Investigative Outcomes
- ✓ Occurrence of Housing Unit Placement based on retaliation zero from March 1, 2015 thru February 29, 2016.
- ✓ Occurrence of Protections against Retaliation zero from March 1, 2015 thru February 29, 2016.

**Standard 115.368 Post-allegation protective custody**

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

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



## corrective actions taken by the facility.

### Summary:

DYS Policy 13.8.1, Prison Rape Elimination Act (PREA) Policy, 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.

The PREA Policy also requires that if a juvenile is held in isolation for protective reasons, a statement documenting 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 will be documented and placed in the Juvenile's administrative file. Additionally, if a youth is placed in isolation for protection, during any period of isolation, the facility shall not deny the resident daily large-muscle exercise and any legally required educational programming or special education services. A medical or mental health care clinician is also required to conduct daily visits to the isolated resident. Policy requires that juveniles also have access to other programs and work opportunities to the extent possible. If a youth were to be held in isolation beyond thirty (30) days because of being at risk of sexual victimization, a case review to determine whether there is continuing need for separation from the general population. The DYS Mt. Meigs Campus "Occurrence of a Housing Unit Placement of a Juvenile" documented that there were no youth placed in isolation for protective care between March 1, 2015 and February 29, 2016, the audit period. The Pre-Audit Questionnaire also documented that there were no youth isolated for protective care during the audit period.

### Interviews:

Interviews with specialized staff, randomly selected staff, the PREA Compliance Manager and PREA Coordinator confirmed that youth are not placed in protective custody/care as a result of an allegation of sexual abuse. Staff indicated the alleged perpetrator would be moved to another unit or transferred to another facility. Interviewed youth related they had never been placed in isolation for any reason.

### Reviewed Documentation to determine compliance:

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ PREA Form 115.342.1 Isolation Activity Log
- ✓ Occurrence of a Housing Unit Placement of a Juvenile who to have suffered sexual abuse zero from March 1, 2015 thru February 29, 2016.

## Standard 115.371 Criminal and administrative agency investigations

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

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

### Summary:

DYS Policy 13.8.1 Prison Rape Elimination Act (PREA), describes in detail the processes for ensuring that all allegations of sexual abuse and sexual harassment are investigated. Policy requires that the DYS Special Investigation Unit (SIU) is responsible for investigating all allegations of Sexual Abuse (Assault), Sexual Harassment, or any Sexual Conduct that is alleged in DYS operated facilities and that they will do so following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. When it appears that allegations of Sexual Abuse and Sexual Harassment are supported by evidence of criminal behavior, the SIU investigators ensure that the allegations are referred for investigation to law enforcement. The Alabama Department of Youth Services (Mt. PREA Audit Report

Meigs Campus) has a Memorandum of Agreement 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 MOU, 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 screened for appropriateness to serve in this role and who have received training concerning sexual assault and forensic examination issues in general. All referrals shall be documented. The responsibilities for conducting investigations is published on the Agency PREA website. The facility does not terminate investigations solely because the source of the allegation recants the allegation. Any substantiated allegations of conduct that appear to be criminal are referred for prosecution. The facility retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the facility plus five years. The Mt. Meigs Pre-Audit Questionnaire indicated that there were two sustained allegations of conduct that appear to be criminal that were referred for prosecution during the audit period. The facility provided documentation of the two investigations on the forms entitled "Investigative Outcome of Allegations of Sexual Abuse and Sexual Harassment." Documentation indicated that both cases were referred to law enforcement for investigation.

**Interviews:**

The DYS Investigator is an experienced and very knowledgeable investigator. In an interview the DYS Special Investigator indicated that DYS investigates all allegations of sexual abuse and sexual harassment. He related that the incident reports go to the DYS General Counsel who refers the allegations for investigation. At that point the special investigator begins the investigative process. If the allegation is criminal, the investigation is in tandem with the Montgomery County Sheriff's Office Investigators. He stated that the facility has a Memorandum of Understanding with the Sheriff's Office. His description of the investigative process was consistent with DYS Policy 13. 8.1 Prison Rape Elimination Act.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.371 Process for Investigating Sexual Assault Allegation
- ✓ PREA Form 115.371.1 Investigating Outcome
- ✓ Credentials of Investigators

**Standard 115.372 Evidentiary standard for administrative investigations**

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

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

**Summary:**

DYS Policy 13.8.1 Prison Rape Elimination Act (PREA) states that the facility shall not impose a standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Interviews:**

An interview with an agency special investigator related that the standard for determining whether or not an allegation is substantiated is no higher than a preponderance of the evidence.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Example of Dismissal Letter from Director
- ✓ Occurrence of Dismissal Letter from Director zero from March 1, 2015 thru February 29, 2016.

**Standard 115.373 Reporting to residents**

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

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

**Summary:**

DYS Policy 13.8.1, Prison Rape Elimination Act (PREA) Policy 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; 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. Additionally, it requires that juveniles 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 two notifications that were provided to youth following the investigation by the DYS Special Investigator. 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 requests relevant information from the investigative agency in order to inform the resident. All notifications or attempted notifications are documented.

**Interviews:**

An interview with the PREA Compliance Manager indicated that youth are notified of the results of an investigation. The process described was consistent with the Agency’s Policies.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ DYS Policy Number 1.29, Special Investigation Unit
- ✓ DYS Policy Number 13.8.1, Protection from Sexual Abuse and Assault
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.371 Process for Investigating Sexual Assaults
- ✓ PREA Form 115.373 Juvenile Notification of Investigative Outcome

**Standard 115.376 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**Summary:**

Alabama Department of Youth Service Policy and Procedures 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 engaged 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.

The Mt. Meigs Pre-Audit Questionnaire indicated that there were no staff that were terminated for violating agency sexual abuse or sexual harassment policies during the audit period.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ DYS Policy Number 1.29, Special Investigation Unit
- ✓ DYS Policy Number 13.8.1, Protection from Sexual Abuse and Assault
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Disciplinary Sanctions for Sexual Misconduct

**Standard 115.377 Corrective action for contractors and volunteers**

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

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

**Summary:**

Mt. Meigs requires that any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies and to relevant licensing bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents.

**Interviews:**

The Facility Director, in an interview, stated that the facility would immediately get the contractor or volunteer off campus and would not allow them to return until the completion of an investigation. She related too that following she would immediately report the incident as required in policy.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)

- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.332 Volunteers and Contractor Receipt of PREA
- ✓ DYS Form 8.12 Critical Incident Report
- ✓ Reports to Law Enforcement
- ✓ Occurrence of Volunteer Orientation for new Volunteers zero from March 1, 2015 thru February 29, 2016.
- ✓ Occurrence of Violation of Sexual Abuse or Sexual Harassment Policies by a contractor Volunteer zero from March 1, 2015 thru February 29, 2016.

**Standard 115.378 Disciplinary sanctions for residents**

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

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

**Summary:**

Mt. Meigs complies with the DYS Policy that states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident on resident sexual abuse. If a disciplinary sanction for resident on resident sexual abuse results in the isolation of a resident, the facility requires that resident in isolation have daily access to large muscle exercise, legally required educational programming, and special education services, and receive daily visits from a medical or mental health care clinician.

The Pre-Audit Questionnaire, submitted for Mt. Meigs, indicated that there were no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. Mt. Meigs does not use isolation or segregation as a disciplinary measure for rule violations.

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

**Interviews:**

The Facility Director stated that disciplinary actions for youth would include keeping the youth under strict supervision, making the required notifications and also notifying the court. She indicated that disciplinary action would include the possibility for going to jail if the allegations were sustained. She indicated too that the facility does not use isolation or disciplinary segregation.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ DYS Form 8.12 Critical Incident Report
- ✓ DYS Form 8.12.1 Critical Incident Initial Debriefing
- ✓ DYS Form 8.12.2 Critical Incident Two Week Follow-up Debriefing Report
- ✓ Student Disciplinary Report
- ✓ Student Disciplinary Hearing Report
- ✓ PREA Form 115.342 Housing Unit Placement Form
- ✓ Crisis Intervention Treatment Notes
- ✓ PREA Form 115.371.1 Investigative Outcome

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

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

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

#### Summary:

The Alabama Department of Youth Services and Mt. Meigs requires residents at the facility who have disclosed any prior sexual victimization during a screening pursuant to 115.341 are offered a follow-up meeting with a medical or mental health staff. If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the resident is offered a follow-up meeting with a medical or mental health staff within 14 days of the intake screening. Medical and mental health staff obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting.

#### Interviews:

Interviewed mental health and medical staff indicated they were aware that youth reporting prior sexual victimization or prior sexual aggression are to be referred for a follow-up meeting with them. They related that services would be offered and these include evaluation, developing a treatment plan, developing a safety plan and offering on-going services. They also were aware that the youth have the right to refuse a follow-up meeting.

#### Reviewed Documentation to determine compliance:

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ PREA Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization
- ✓ Treatment Notes
- ✓ DYS Form 115.381 Clinical Services Consent to Treatment
- ✓ PREA Form 115.381.1 Mental Health File Access Register
- ✓ PREA Form 115.381 A Release of Information
- ✓ PREA Form 115.331 Staff Receipt of PREA

### Standard 115.382 Access to emergency medical and mental health services

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

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

**Summary:**

Department of Youth Services Policy and Procedures 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; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Mt. Meigs resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

**Interviews:**

Interviews with administrative staff, medical staff and mental health staff confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services. They also indicated that in addition to community based advocacy services, staff have been trained to serve as advocates as well. An interview with a Forensic Nurse Examiner at the Lighthouse (local stand-alone rape crisis center) confirmed access to emergency medical and mental health services. She indicated that she has eight (8) contract Nurse Examiners and One (1) Full Time Nurse Examiner.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Rape Crisis Center/Child Advocacy Center Memorandum of Agreement
- ✓ PREA Form 115.364 First Responder Checklist
- ✓ PREA Form 115.331 Staff Receipt of PREA
- ✓ PREA Form 115.321 Victim Advocate Receipt of PREA
- ✓ PREA Form 115.382 Patient Consent to Treatment Form
- ✓ Emergency Medical Treatment Notes
- ✓ Crisis Intervention Treatment Notes

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

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

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

**Summary:**

Mt. Meigs offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. Victims of sexual abuse, while at the facility, are offered tests for sexually transmitted infection as medically appropriate. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such history and offers treatment when deemed appropriate.

**Interviews:**

The Forensic Nurse Examiner related she would provide treatment for and injuries as a result of a sexual assault, a “head to toe” physical and forensic exam and treatment for common sexually transmitted diseases. An advocate will accompany the youth to the center and that may be either the staff trained advocate or the community based advocate. The Forensic Examiner related that the Lighthouse would contact an advocate as well.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)

- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Medical Mental Health Records
- ✓ Treatment Notes
- ✓ Test Results
- ✓ Memorandum of Understanding with Rape Crisis/Child Advocacy Center
- ✓ Mental Health Status Evaluation

**Standard 115.386 Sexual abuse incident reviews**

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

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

**Summary:**

The Mt. Meigs PREA Compliance Manager conducts 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. Mt. Meigs documents the incident reviews on DYS Form 115.386, Sexual Abuse Critical Incident Review. The review ordinarily occurs within 30 days of the conclusion of the investigation. The Team reviews and considers all the requirements listed in standard 115.386.

The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisor, investigators, and medical and mental health staff.

The Mt. Meigs Pre-Audit Questionnaire indicated that there was one criminal and/ or administrative investigation of alleged sexual abuse completed at the facility. The facility also reviews incidents that have been found to be unfounded. The PREA Compliance Manager prepares a report of its findings and makes recommendations for improvement and submits report to facility Director and DYS PREA Coordinator.

**Interviews:**

The PREA Compliance Manager and the Facility Director described an incident review process consistent with the requirements of the standards and policy.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ DYS Form 8.12 Critical Incident Report
- ✓ DYS Form 8.12.1 Critical Incident Initial Debriefing
- ✓ DYS Form 8.12.2 Critical Incident Two-Week Follow-up Debriefing
- ✓ PREA Form 115386 Sexual Abuse Critical Incident Review

**Standard 115.387 Data collection**

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



- Does Not Meet Standard (requires corrective action)

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

**Summary:**

Mt Meigs collects accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument is the State of Alabama Department of Human Resources "Written Report of Suspected Child Abuse/Neglect", and the set of definitions is included in the policy. In addition, the agency uses the DOJ Form SSV-IJ Survey of Sexual Violence Incident Report as their standardized instrument and definitions.

The facility produces a Sexual Abuse annual report using PREA Form 115.387, PREA Data Report. The facility aggregates incident based sexual abuse data at least annually.

Upon request, the facility provides all data from the previous calendar year to the Department of Justice no later than June 30 of each year on the U.S. Justice Department Survey of Sexual Violence Form SSV-5.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile)
- ✓ Annual Survey of Sexual Violence
- ✓ Annual Data Review

**Standard 115.388 Data review for corrective action**

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

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

**Summary:**

Mt. Meigs PREA Compliance Manager and Agency PREA Coordinator reviews data collected and aggregated pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. The annual reports are approved by the agency. The facility redacts material from an annual report for publication. The redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

**Interviews:**

The Agency PREA Coordinator described how incident based sexual abuse data is used to assess and improve sexual abuse prevention, detection, response policies, procedures, practices and training. He related that an analysis of the 2014 data indicated the locations in facilities where allegations were coming from. For example, he related one area identified as an area where allegations of sexual abuse occurred was in the school bathroom. Resulting Corrective Action Plans (CAP) included

keeping doors locked, monitor youth one at a time, monitoring hotspots and the need for additional cameras. The result of the CAP was zero incidents during the year 2015.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ DYS Form 8.12.1 Critical Incident Initial Debriefing
- ✓ DYS Form 8.12.2 Critical Incident Two Week Follow-up Debriefing
- ✓ Annual Data Review
- ✓ Annual Facility PREA Report
- ✓ Annual DYS PREA Report

**Standard 115.389 Data storage, publication, and destruction**

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

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

**Summary:**

Alabama DYS policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. The agency facility maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

**Interviews:**

The Agency PREA Coordinator related that collected data and reports are retained for at least 10 years as required.

**Reviewed Documentation to determine compliance:**

- ✓ State of Alabama Department of Youth Services Policy and Procedures (Related Standards: PREA 115.311 – 115.501 Chapter 13.0 Juvenile Rights; Subject Protection from Sexual Abuse/Assault)
- ✓ Prison Rape Elimination Act (PREA) Regulatory Guidelines (3-31-2014)
- ✓ Mt. Meigs Complex PREA Audit: PRE-Audit Questionnaire (Juvenile Facilities)
- ✓ Records Retention Schedule

**AUDITOR CERTIFICATION**

I certify that:

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

Robert Lanier

May 17, 2016

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Auditor Signature

Date