

PREA Facility Audit Report: Final

Name of Facility: Baldwin County Regional Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/22/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 07/22/2022

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	06/09/2022
End Date of On-Site Audit:	06/09/2022

FACILITY INFORMATION	
Facility name:	Baldwin County Regional Juvenile Detention Center
Facility physical address:	43405 Nicholsville Road, Bay Minette, Alabama - 36507
Facility mailing address:	

Primary Contact	
Name:	Twana Bishop
Email Address:	tbishop@baldwincountyal.gov
Telephone Number:	2515802540

Superintendent/Director/Administrator	
Name:	Ronald Ballard
Email Address:	rballard@baldwincountyal.gov
Telephone Number:	2517094442

Facility PREA Compliance Manager	
Name:	Rudy Kennedy
Email Address:	rkennedy@baldwincountyal.gov
Telephone Number:	O: 251-580-2540

Facility Health Service Administrator On-Site	
Name:	Christina Lane
Email Address:	CLane
Telephone Number:	2515802540

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	16
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	13-18
Facility security levels/resident custody levels:	Secure lockdown
Number of staff currently employed at the facility who may have contact with residents:	24
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Baldwin County Commission
Governing authority or parent agency (if applicable):	
Physical Address:	43405 Nicholsville Road, Bay Minette, Alabama - 36507
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Twana Bishop	Email Address:	tbishop@baldwincountyal.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.354 - Third-party reporting
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-09
2. End date of the onsite portion of the audit:	2022-06-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:	1. Alabama Department of Youth Services 2. Baldwin County Child Advocacy Center 3. Just Detention International
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	30
15. Average daily population for the past 12 months:	21
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	15
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	24
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	All residents were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All residents were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender, race, ethnicity, and languages spoken were considered.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>1</p>
<p>Non-certified Support Staff</p>	

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
<p>AUDITING ARRANGEMENTS AND COMPENSATION</p>	
<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>

Standards**Auditor Overall Determination Definitions**

- Exceeds Standard
(Substantially exceeds requirement of standard)

- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)

- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Zero Tolerance for Sexual Abuse and Sexual Harassment; PREA Coordinator 2. BCRJDC Organizational Chart 3. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interview:	
<ol style="list-style-type: none"> 1. PREA Coordinator 	
Site Review Observations:	
Observations during on-site review of physical plant	
Findings (By Provision):	
115.311 (a)	
<p>PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>BCRJDC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines how the facility will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p>	
115.311 (b)	
<p>PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.</p> <p>BCRJDC has designated an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The position of the PREA Coordinator is identified in the facility's organizational structure as the Detention Coordinator.</p> <p>The PREA Coordinator reported having enough time to manage all his PREA-related responsibilities and effectively communicated how she coordinates the facility's efforts to comply with the PREA standards. The PREA Coordinator reports to the Director.</p>	
115.311 (c)	
PAQ: There is no PREA Compliance Manager.	
Conclusion:	
<p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.</p>	

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Contracting with other entities for the confinement of residents 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.312 (a) N/A BCRJDC does not contract for the confinement of its residents with private agencies or other entities including other government agencies.</p> <p>115.312 (b) N/A BCRJDC does not contract for the confinement of its residents with private agencies or other entities including other government agencies.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313	Supervision and monitoring
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Supervision and Monitoring 2. Staffing Plan 3. Staffing Plan Reviews 4. Unannounced Rounds 5. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. Superintendent or Designee 2. PREA Coordinator 3. Intermediate or Higher-Level Facility Staff 	
Site Review Observations:	
Observations during onsite review of facility	
115.313 (a)	
PAQ: Since the 2017 PREA audit:	
<ol style="list-style-type: none"> 1. The average daily number of residents: 19 2. The average daily number of residents on which the staffing plan was predicated: 20 	
The auditor reviewed the staffing plan and found it to be fully inclusive of the standard provision requirements.	
The Director stated adequate staffing levels to protect resident against sexual abuse is considered in the staffing plan. The facility adheres to a 1:8 ratio during the day and 1:12 ratio during sleeping hours. Residents are never out of sight of a staff member. Video monitoring is part of the plan. Residents and staff are always in view of cameras and blind spots are minimized. The staffing plan is documented in policy and maintained in the administration office. The staffing plan considers all aspects of the standard. Compliance with the staffing plan is based on the mandated ratios and the plan is reviewed regularly visually and in writing.	
115.313 (b)	
PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. There have been no deviations from plan.	
The Director stated the facility documents all instances of non-compliance with the staffing plan. The documentation would include explanations for non-compliance.	
115.313 (c)	
PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.	
In the past 12 months:	
<ol style="list-style-type: none"> 1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0 2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0 	
Policy requires staffing ratios shall be in compliance with DCS contractual requirements.	
The Director confirmed the facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios. The ratios are 1:8 during waking hours and 1:12 during sleeping hours. He ensures the facility maintains appropriate staffing ratios by scheduling in advance to ensure compliance.	
PREA Site Review:	
During the onsite tour of the facility the auditor observed supervision was compliant with required staffing ratios.	
115.313 (d)	
PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:	
<ol style="list-style-type: none"> 1. The staffing plan; 2. Prevailing staffing patterns; 	

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

The PREA Coordinator stated she is consulted regarding any assessments of, or adjustments to, the staffing plan for the facility. She confirmed staffing plan assessments occur on a continuing basis. The auditor observed staffing plan reviews for 2018-2021.

115.313 (e)

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

Policy (page 3) In order to promote an environment of accountability and reduce the risk of a "culture of silence", the Director and Detention Coordinator will:

- Perform unannounced rounds to identify and deter staff from engaging in misconduct, sexual abuse or harassment. These rounds will be implemented on a variety of shifts and will be documented in the logbook.
- Interview the residents and youth at random occurrences to ensure that staff are following the staffing pattern, interacting appropriately with the youth and announcing their presence when entering the living areas.
- Staff is prohibited from alerting other staff members that the rounds are occurring.

The auditor observed unannounced rounds for the 12-month audit period covering all shifts.

Conclusion:

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

115.315	Limits to cross-gender viewing and searches
<p data-bbox="313 155 760 180">Auditor Overall Determination: Meets Standard</p> <p data-bbox="313 212 505 237">Auditor Discussion</p> <p data-bbox="313 268 1070 294">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="313 300 435 325">Documents:</p> <ol data-bbox="313 331 1062 447" style="list-style-type: none"> 1. BCRJDC PREA Policy: Limits to Cross-Gender Viewing of Residents 2. Cross-Gender, Transgender, and Intersex Search Procedure Training Curriculum 3. Cross-Gender, Transgender, and Intersex Search Training Records 4. BCRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="313 474 423 499">Interviews:</p> <ol data-bbox="313 506 647 590" style="list-style-type: none"> 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents <p data-bbox="313 617 570 642">Site Review Observations:</p> <p data-bbox="313 648 703 674">Observations during onsite review of facility</p> <p data-bbox="313 701 548 726">Findings (By Provision):</p> <p data-bbox="313 732 418 758">115.315 (a)</p> <p data-bbox="313 764 1304 789">PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p data-bbox="313 816 516 842">In the past 12 months:</p> <ol data-bbox="313 848 1390 932" style="list-style-type: none"> 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0 <p data-bbox="313 959 1422 1043">Policy (pages 1-2) It is the policy of the Baldwin County Regional Juvenile Detention Center that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p data-bbox="313 1071 1390 1218">The Baldwin County Regional Juvenile Detention Center is a gender specific facility. The facility does not conduct cross-gender strip searches, pat-down searches or cross gender body cavity searches (meaning a search of the anal or genital opening). If there is sufficient cause to believe a resident may be concealing contraband in a body cavity, they shall be transported to the hospital to have the procedure performed by medical staff or in house by our contracted physician or nurse.</p> <p data-bbox="313 1245 1101 1270">The Administrative Support Specialist stated the facility prohibits cross-gender searches.</p> <p data-bbox="313 1297 415 1323">115.315 (b)</p> <p data-bbox="313 1329 1299 1354">PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.</p> <p data-bbox="313 1381 513 1407">In the past 12 months:</p> <ol data-bbox="313 1413 1289 1472" style="list-style-type: none"> 1. The number of cross-gender pat-down searches of residents: 0 2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0 <p data-bbox="313 1499 1430 1558">Policy (pages 1-2) It is the policy of the Baldwin County Regional Juvenile Detention Center that the agency shall not conduct cross-gender pat-down searches except in exigent circumstances.</p> <p data-bbox="313 1585 1390 1644">The Baldwin County Regional Juvenile Detention Center is a gender specific facility. The facility does not conduct cross-gender pat-down searches.</p> <p data-bbox="313 1671 1422 1755">Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.</p> <p data-bbox="313 1782 412 1808">115.315 (c)</p> <p data-bbox="313 1814 1369 1873">PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p data-bbox="313 1900 1414 1984">Policy (pages 1-2) It is the policy of the Baldwin County Regional Juvenile Detention Center that the facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Any cross-gender search that must be conducted due to exigent circumstances must be documented and submitted to the</p>	

Director of Detention.

115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy (page 2) It is the policy of the facility that residents are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender including staff who are stationed at the video monitoring (Control) station from viewing the resident's breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks.

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

The auditor observed residents are able to shower, perform bodily functions, and change clothing without being viewed by non-medical staff of the opposite gender.

115.315 (e)

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

Policy (page 1) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

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

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

115.315 (f)

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

Policy (page 2) All security staff shall receive training annually related to the proper procedures for searching opposite gender, transgender, and intersex residents in a professional and respectful manner in the least intrusive manner possible that are consistent with security needs.

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. The auditor observed the searches training curriculum and staff training records demonstrating the training has been received.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

115.316	Residents with disabilities and residents who are limited English proficient
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Residents with Disabilities and Residents who are Limited English Proficient 2. Equal Opportunity Statement 3. PREA Handout 4. PREA Video 5. Interpreter Agreements 6. Training Curriculum: Effective and Professional Communication with Inmates 7. Staff Training Records 8. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. Agency Head or Designee (Director) 2. Random Sample of Staff 3. Residents (with disabilities or who are limited English proficient) 	
Site Review Observations:	
Observations during onsite review of facility	
Findings (By Provision):	
115.316 (a)	
PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.	
<p>Policy (pages 1-2) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p>	
All residents shall have equal opportunity to participate in or benefit from (and meaningful access to) all the facility's efforts to prevent, detect and respond to sexual abuse/assault and harassment.	
Interpreters, who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, are provided to residents who are deaf or hard of hearing or who are not proficient in the English language. Agreements exist between providers and the facility for these services. Staff may contact interpreters at any time when barriers to communication exist due to limited English proficiency and disabilities.	
Written materials are provided in formats or through methods that ensure effective communication with residents who have disabilities, who have limited reading skills, who are blind or have low vision.	
The Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.	
The facility ensures written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.	
The auditor observed the interpreter agreement for American Sign Language. The PREA handout is available in Braille and for residents who have intellectual disabilities, psychiatric disabilities, or limited reading skills. The PREA handout has a fifth grade reading comprehension level. The video has enhanced closed caption features. The Director stated PREA orientation is conducted one-on-one with residents who have speech disabilities. The auditor observed the disabilities training curriculum and staff training records demonstrating training has been received.	

115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy (pages 1-2) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Interpreters, who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, are provided to residents who are deaf or hard of hearing or who are not proficient in the English language. Agreements exist between providers and the facility for these services. Staff may contact interpreters at any time when barriers to communication exist due to limited English proficiency and disabilities.

The auditor observed the interpreter agreement for Spanish. Also, the PREA handout is available in Spanish.

115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

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

Policy (page 2) Resident interpreters, resident readers or other types of resident assistants will be used only in circumstances where and extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.

Staff interviews confirmed the agency would use a language service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

115.317	Hiring and promotion decisions
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Hiring and Promotion Decisions 2. Authorization for Prior Employer to Release Information 3. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Updated Interview Questions (June 8, 2022) <p>Interview:</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>Findings (By Provision):</p> <p>115.317 (a)</p> <p>PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p>Policy (page 2) Potential employees will be informed of their affirmative duty to disclose any prior misconduct during the interview.</p> <p>Upon receipt of the background check and CAN report the Department Head will be notified of the following:</p> <ul style="list-style-type: none"> • If the individual has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997) • If the individual has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. • If it is determined that the individual has been civilly or administratively adjudicated to have engaged in such behavior. <p>As part of corrective action, the three questions about prior misconduct were added to the interview questions (June 8, 2022).</p> <p>115.317 (b)</p> <p>PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>Policy (page 2) The facility shall also consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>The auditor observed the interview questions included consideration of any incidents of sexual harassment.</p> <p>115.317 (c)</p> <p>PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of persons hired who may have contact with residents who have had criminal background record checks: 10 2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100% <p>Policy (page 2) Pre-employment/contract background checks will be conducted on all applicants. The background checks will include ESS/Sex Offender Registry/Driving History provided by the Baldwin County Personnel Department utilizing ESS Background Screening and Child Abuse and Neglect Registry provided by the Alabama Department of Human Resources.</p>	

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

The auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision. The auditor observed criminal background record checks, child abuse registry checks, and the Authorization for Prior Employer to Release Information Form. The facility did not hire anyone in the past 12 months that worked in an institutional setting.

115.317 (d)

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

During the past 12 months:

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

Policy (page 1) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

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

115.317 (e)

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

Policy (page 2) Due to the nature of the position and employees supervising the daily activities of a vulnerable population, background checks will be conducted annually.

The interview with the HR staff confirmed the agency requires background checks are completed annually for any current employees and contractors who may have contact with residents.

The auditor observed the backgrounds checks have been completed within the past year.

115.317 (f)

Policy (pages 1-2) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.

As part of corrective action, the three questions about prior misconduct were added to the interview questions (June 8, 2022).

115.317 (g)

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

Policy (pages 2) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h)

Policy (pages 2) Policy states unless prohibited by law, the agency shall disclose any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested by another institutional employer for whom the former employee has applied to work.

The HR staff confirmed the agency shall disclose any information on substantiated allegations of sexual abuse or sexual harassment.

Conclusion and Corrective Action:

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

115.317 (a) and (f)

The three questions about prior misconduct were added to the interview questions (June 8, 2022).

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Upgrades to Facilities and Technologies 2. Updates to Monitoring Technology 3. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head/Director <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.318 (a)</p> <p>PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>Policy (page 1) The facility's ability to protect residents from sexual abuse is taken into consideration before any modifications, expansions, design modifications are made.</p> <p>The Director confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>115.318 (b)</p> <p>PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Policy (page 1) When installing video monitoring systems, electronic surveillance systems or other monitoring technologies the facility considers how these technologies can best help to prevent sexual abuse/assault/harassment.</p> <p>The Director confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>The auditor observed documentation for door card readers and cameras.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Evidence Protocol and Forensic Medical Examinations 2. A National Protocol for Sexual Assault Medical Forensic Examinations 3. Letter: Baldwin County Sherriff's Office Conducts Criminal Investigations 4. Letter: Baldwin County Child Advocacy Center (Care House, Inc.) 5. LPC License 6. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. SAFEs/SANEs (Baldwin County Child Advocacy Center) 4. Residents who Reported a Sexual Abuse – none identified 	
Findings (By Provision):	
115.321 (a) and (b)	
PAQ: The facility is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).	
Policy (page 1) The Baldwin County Juvenile Detention Center will contact the proper law enforcement agency to investigate all allegations of sexual abuse in the facility. Staff shall follow uniform evidence protocol to maximize the potential for obtaining usable physical evidence for both administrative proceedings and criminal prosecutions.	
Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that local law enforcement is responsible for conducting sexual abuse investigations.	
115.321 (c)	
PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).	
Policy (page 2) Residents shall be provided access to forensic medical examinations, where evidentiary or medically appropriate, by the University of South Alabama Women and Children Hospital, by SANE nurses without financial cost, unless directed by the Baldwin County Sheriff's Department or Child Advocacy Center.	
The auditor contacted the Baldwin County Child Advocacy Center Developmental Director. Services would be available to resident victims of sexual abuse at the facility.	
The PREA Coordinator stated a victim advocate would be available through the Baldwin County Child Advocacy Center.	
115.321 (d) and (e)	
(d) PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.	
(e) PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.	
Policy (page 2) A victim's advocate from the Rape Crisis Center will be contacted by the hospital to accompany and provide support to the victim through the medical exam and investigatory interviews at the victim's request. The victim advocate shall be available to provide emotional support, crisis intervention, information, and referrals.	
The facility has a letter from the Baldwin County Child Advocacy Center for victim advocacy. The auditor contacted the Baldwin County Child Advocacy Center Developmental Director. Services would be available to resident victims of sexual abuse at the facility. Additionally, the facility has an LPC available to provide services.	

115.321 (f)

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

Policy (page 2) To the extent, the facility is not responsible for investigating allegations of sexual abuse; the Baldwin County Juvenile Detention Center shall request the Baldwin County Sheriff's Office to follow the requirements of this standard.

The agency has a letter with the Baldwin County Sheriff's Office. The sheriff's office would conduct an investigation if any criminal offence or incident.

Conclusion:

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

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Policies to ensure referrals of allegations for investigations 2. BCRJDC Website 3. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (Director) <p>Findings (By Provision):</p> <p>115.322 (a) PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of allegations of sexual abuse and sexual harassment that were received: 0 2. The number of allegations resulting in an administrative investigation: 0 3. The number of allegations referred for criminal investigation: 0 <p>Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.</p> <p>Policy (page 1) The Baldwin County Juvenile Detention Center shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The Director confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>115.322 (b) PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>Policy (page 1) It is the policy of this facility that all allegations of sexual abuse and sexual harassment are referred to an agency with the legal authority to conduct criminal investigations, unless the allegations do not involve potentially criminal behavior. All referrals shall be documented. This policy shall be published on the facility's website.</p> <p>The auditor observed the policy is published on the facility's website.</p> <p>115.322 (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>Policy (page 1) If a separate entity is responsible for conducting criminal investigations, the publication shall describe the responsibilities of both the facility and the investigating entity.</p> <p>The auditor observed the publication describes the responsibilities of both the agency and the Baldwin County Sheriff's Office.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.</p>

115.331	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Employee Training 2. Training Curricula 3. Training Records 4. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.331 (a) PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.</p> <p>Policy (page 1) It is the policy of the Baldwin County Regional Juvenile Detention Center to comply with the Prison Rape Elimination Act and require that the employees shall receive specialized training in sexual abuse, sexual assault and sexual harassment. All employees who may have contact with residents shall be trained on the following topics during the orientation process and once annually. The training will be tailored to the unique needs and attributes and gender of residents in juvenile detention facilities.</p> <ul style="list-style-type: none"> • The zero-tolerance policy for sexual abuse and sexual harassment • Procedures to fulfill employee responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting and response • Residents' right to be free from sexual abuse and sexual harassment • Right of residents and employees from retaliation for reporting sexual abuse and sexual harassment • The dynamics of sexual abuse and sexual harassment in juvenile facilities • The common reactions of juvenile victims of sexual abuse and sexual harassment • How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents • Detecting and responding to signs of threatened and actual sexual abuse as well as distinguishing between consensual sexual contact and sexual abuse between residents • Avoiding inappropriate relationships with residents • Communicating effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex and gender nonconforming residents • Complying with relevant laws related to mandatory reporting of sexual abuse to outside authorities • Law related to the applicable age of consent <p>The facility utilizes the curriculum found in "Addressing Sexual Violence Against Youth in Custody, Youth Worker's Handbook on Identifying and Addressing Sexual Violence in Juvenile Justice Settings" along with facility policies and procedures to train all detention staff annually on PREA related issues.</p> <p>The auditor reviewed the training materials and 2022 staff training records for 22 staff. The training includes all required topics.</p> <p>Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and annually thereafter.</p> <p>115.331 (b) PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility.</p> <p>Policy (page 2) Training will be tailored to the unique needs and attributes and gender of the residents served at the facility.</p> <p>The auditor observed the training materials are inclusive of the standard provision requirement.</p> <p>115.331 (c) PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually</p> <p>The auditor reviewed the training materials and 2022 staff training records for 22 staff.</p>	

115.331 (d)

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

Policy (page 2) All employees sign a form indicating they received training and understand the policies and procedures.

The auditor reviewed the 2022 staff training records for 22 staff. Staff sign they have received the training.

Conclusion:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Volunteer and Contractor Training 2. Training Curricula 3. Volunteer PREA Acknowledgement Statement 4. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteers or Contractors who have Contact with Residents <p>Findings (By Provision):</p> <p>115.332 (a) PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 1</p> <p>The volunteer interviewed stated he has received the required training.</p> <p>115.332 (b) PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The auditor observed training materials include the zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.332 (c) PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor observed one Volunteer PREA Acknowledgement Statement for the volunteer chaplain.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>

115.333	Resident education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Resident Education 2. Equal Opportunity Statement 3. Interpreter Agreements 4. PREA Handout 5. PREA Video 6. Admission Checklist 7. Orientation Acknowledgement Form 8. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.333 (a)</p> <p>PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion. Of residents admitted during the past 12 months, the number who were given this information at intake: 256</p> <p>Policy (page 2) During the intake process residents shall receive information both verbally and in writing of the facility's zero tolerance policy regarding sexual abuse and sexual harassment as well as how to report incidents or suspicions of sexual harassment or sexual abuse.</p> <p>An interview with intake staff revealed residents are given information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. All residents, including those transferred from other facilities, are provided this information.</p> <p>The auditor observed the admissions process. The residents are given a PREA educational handout. The information includes the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The auditor reviewed 12 admission checklists for the 12-month audit period. The residents initial that they have been given the handout. All of the checklists indicated the residents received the required information at time of intake.</p> <p>115.333 (b)</p> <p>PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 256</p> <p>Policy (page 2) Within 3 days (72 hours) of a resident's intake they receive comprehensive age-appropriate education through a video regarding their right to be free from sexual abuse and sexual harassment and staff guided discussion. Residents are informed of the policies and procedures regarding their right to be free from retaliation for reporting such incidents.</p> <p>An interview with intake staff revealed resident education is accomplished through the PREA handout and video. He stated the residents are made aware of the rights to be free from sexual abuse and sexual harassment, and t be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents immediately at the time of intake.</p> <p>Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education within the first three days.</p> <p>The auditor reviewed orientation acknowledgement forms for residents interviewed and for the 12-month audit period. All documents indicated the education was received within 10 days of intake.</p> <p>115.333 (c)</p> <p>PAQ: All residents were educated within 10 days of intake.</p>	

Policy (page 2) Within 3 days (72 hours) of a resident's intake they receive comprehensive age-appropriate education through a video regarding their right to be free from sexual abuse and sexual harassment and staff guided discussion. Residents are informed of the policies and procedures regarding their right to be free from retaliation for reporting such incidents.

An interview with intake staff revealed all residents, including those transferred from other facilities, are given information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment.

The auditor reviewed orientation acknowledgement forms for residents interviewed and for the 12-month audit period. All documents indicated the education was received within .10 days of intake.

115.333 (d)

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

Policy (page 2) Resident education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, have limited reading skills or otherwise disabled through the use of interpreters and specially designed media.

According to the PAQ and interview with the Director, BCRJDC has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor observed interpreter agreements for American Sign Language and Spanish. The PREA handout is available in Spanish, Braille, and for residents who have intellectual disabilities, psychiatric disabilities, or limited reading skills. The PREA handout has a fifth-grade reading comprehension level. The video has enhanced closed caption features. The Director stated PREA orientation is conducted one-on-one with residents who have speech disabilities.

115.333 (e)

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

Policy (page 2) All residents sign a form indicating that they have received PREA education and have an understanding of the content. The form is placed in the resident's file and a copy forwarded to the PREA Coordinator/Manager.

The auditor reviewed orientation acknowledgement forms for residents interviewed and for the 12-month audit period. Residents sign they have participated in the education sessions.

115.333 (f)

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

Policy (page 2) Key information is visible throughout the facility through posters, resident handbooks, and other written formats.

The auditor observed posters and PREA handouts with key information about the agency's PREA policies.

Conclusion:

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

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Specialized Training: Investigations 2. NIC Certificates: Investigating Sexual Abuse in a Confinement Setting 3. Training Records 4. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff (Administrative Investigations) <p>Findings (By Provision):</p> <p>115.334 (a) PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Policy (page 1) In addition to the general training provided to all employees pursuant to standard 115.351, the facility shall ensure that, to the extent the agency itself conducts sexual abuse investigations; investigators have received training in conducting such investigations in confinement settings. This training shall include:</p> <ul style="list-style-type: none"> • techniques for interviewing juvenile sexual abuse victims • proper use of Miranda and Garrity warnings • sexual abuse evidence collection in confinement settings • criteria and evidence required to substantiate a case for administrative action or prosecution referral <p>An interview with the PREA Coordinator (Detention Coordinator) confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She stated she received the training required by §115.331 and completed NIC specialized training topics.</p> <p>The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting.</p> <p>115.334 (b) Policy (page 1) All investigations into accusations of sexual abuse/assault are conducted by the Baldwin County Sheriff's Office investigation unit. Investigators receive specialized training in techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in all settings including areas of confinement and the criteria for evidence needed to substantiate cases for administrative action or prosecution referral.</p> <p>The facility also trains all supervisory staff and administrative staff in the same areas using curriculum created by the Moss Group as well as the investigation course offered on the National Institute of Corrections training website. Administrative staff is responsible for all non-criminal investigations. Documentation of training is placed in each person's personnel file and a copy forwarded to the PREA Coordinator/Manager.</p> <p>An interview with the PREA Coordinator (Detention Coordinator) confirmed she has received the required training. The auditor reviewed training records for verification.</p> <p>115.334 (c) PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 3</p> <p>Policy (page 1) The facility shall maintain documentation that the agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Specialized Training: Medical and Mental Health Care 2. NIC Certificates: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting 3. NIC Certificates: PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting 4. Training Records 5. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff and Mental Health Staff <p>Findings (By Provision):</p> <p>115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 3 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% <p>Policy (page 1) All full and/or part-time medical and mental health care practitioners working in the facility shall be trained in:</p> <ul style="list-style-type: none"> • The detection and assessment of signs of sexual abuse and sexual harassment • The preservation of physical evidence of sexual abuse • Responding effectively and professionally to juvenile victims of sexual abuse and sexual harassment • How and whom to report allegations or suspicions of sexual abuse and sexual harassments <p>Training is accomplished through online training presented by the National Institute of Corrections. Mental health practitioners completed PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Medical staff completed PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting.</p> <p>Interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed the NIC Certificates and training records for verification.</p> <p>115.335 (b) PAQ: BCRJDC does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> <p>Policy (page 1) Medical staff contracted by the facility does not conduct forensic examinations. All forensic examinations shall be performed by the medical staff at the University of South Alabama Women's and Children's Hospital.</p> <p>Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the detention center.</p> <p>115.335 (c) PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Policy (page 1) Medical and Mental Health staff also receive training through courses offered by the National Institute of Corrections on line. All training is documented and placed in their personnel file.</p> <p>Medical and Mental Health staff sign a form indicating that they have received training and understand the policies and procedures related to the Prison Rape Elimination Act. A copy is also forwarded to the PREA Coordinator/Manager.</p> <p>The auditor reviewed NIC Certificates for verification the training has been received.</p> <p>115.335 (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p> <p>Policy (page 1) Medical and mental health care practitioners receive the same training mandated for employees and/or</p>	

contract personnel during the orientation process and once annually.

The auditor reviewed staff PREA training records. The medical and mental health staff received the training mandated for employees under § 115.331.

Conclusion:

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

115.341	Obtaining information from residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Screening for Risk of Sexual Victimization and Abusiveness 2. Intake Screening for Vulnerability to Victimization and Sexually Aggressive Behavior 3. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents 	
Findings (By Provision):	
115.341 (a)	
<p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that a resident's risk level be reassessed periodically throughout their confinement.</p>	
In the past 12 months:	
<ol style="list-style-type: none"> 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 102 	
<ol style="list-style-type: none"> 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100% 	
<p>Policy (pages 1-2) All youth shall be screened within 24 hours of arrival at Baldwin County Juvenile Detention Center "Intake Screening for Vulnerability to Victimization and Sexually Aggressive Behavior", to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The resident will be reassessed for risk periodically or if any of the following situations occur: a referral or request for reassessment is made by a resident, staff member, or parent/guardian, an incident of Sexual Abuse takes place, Baldwin County Juvenile Detention Center receives additional information on the youth, or if the youth has been in the facility for six months.</p>	
<p>The Staff Responsible for Risk Screening (Detention Worker II) confirmed she screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake and a follow-up with the nurse for health screening. Resident's risk levels are reassessed every 30 days.</p>	
<p>Fifteen residents were interviewed with the random resident protocol. They confirmed they were asked questions like the following examples at intake:</p>	
<ol style="list-style-type: none"> 1. Have you have ever been sexually abused? 2. Do you identify with being gay, bisexual, or transgender? 3. Do you have any disabilities? 4. Do you think you might be in danger of sexual abuse at the facility? 	
<p>The auditor reviewed 27 completed intake screens for 15 residents interviewed and examples for the 12-month audit period. All 27 intake screens were completed within 72 hours of admission. They were all completed on the date of admission.</p>	
<p>The auditor reviewed 22 completed reassessments for 10 residents interviewed and examples for the 12-month audit period. All 22 reassessments were completed within 30 days of the initial intake screen.</p>	
115.341 (b)	
<p>PAQ: Risk assessment is conducted using an objective screening instrument.</p>	
<p>The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation for the 12-month audit period.</p>	
115.341 (c)	

Policy (page 2) The screening for assaultive behavior and risk for sexual victimization take into consideration the following information: Incidents of prior sexual victimization or abusiveness

- Gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may 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
- Resident's perception of vulnerability
- Any other specific information about the resident that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the Intake Screening for Vulnerability to Victimization and Sexually Aggressive Behavior and found it to be inclusive of the required information. Additionally, the Detention Worker II confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d)

The interview with the Detention Worker II confirmed the information is ascertained through conversations with residents during intake and a follow-up with nurse for health screening.

115.341 (e)

Policy (page 2) It is the policy of Baldwin County Juvenile Detention Center to maintain confidentiality and only share information with other staff members that is relevant to maintain the youth's safety and security. The form and information obtained in is placed into the resident's detention file.

The PREA Coordinator and Detention Worker II stated the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. The PREA Coordinator stated the information is only available to qualified staff who have signed a confidentiality statement.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

115.342	Placement of residents
<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Placing of Residents in Housing, Bed, Program, Education and Work Assignments 2. Census: Housing and Bed Location with Alerts 3. Intake Screening for Vulnerability to Victimization and Sexually Aggressive Behavior 4. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Director) 2. PREA Coordinator 3. Staff Responsible for Risk Screening 4. Staff who Supervise Residents in Isolation 5. Medical Staff 6. Mental Health Staff 7. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none 8. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents -- one bisexual resident <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.342 (a)</p> <p>PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Policy (page 2) The goal of the facility is to keep each resident in our care safe and free from sexual abuse and harassment. Information obtained with the "Risk Screening Instrument" will be used to make determinations regarding housing and programming. All decisions are made on an individual basis on the information available.</p> <p>The PREA Compliance Coordinator and Detention Worker II confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.</p> <p>Housing assignments consider risk assessment, sexual vulnerability assessment, age and stature. All rooms are single person.</p> <p>The auditor reviewed 27 completed intake screens for 15 residents interviewed and examples for the 12-month audit period. Four of the residents had alerts for vulnerability to victimization.</p> <p>115.342 (b)</p> <p>PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents at risk of sexual victimization who were placed in isolation: 0 2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0 3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A <p>Policy (page 2) Residents will only be placed on isolation when all less restrictive measures have been exhausted to ensure both their safety and the safety of the other residents. A report shall be submitted to the Director of Detention detailing why the resident was placed on isolation, the basis of the concern for the resident's safety and the reasons why no less restrictive alternatives were appropriate. All isolations will be reviewed by the Director of Detention to determine if the isolation is to be continued. Residents who remain on isolation will be re-evaluated every 30 days by the Director to determine if their isolation should be continued or if they can be returned to general population.</p>	

The Detention Coordinator will ensure that all residents placed on isolation receive all their required programming services (large muscle activity, education, etc.). Residents will also receive a daily visit from medical and or mental health staff. These visits shall be documented on the Isolation Supervisory Monitoring for each resident.

The Facility Director stated there have been no incidents in which isolation was used to protect a resident who was alleged to have suffered sexual abuse. Residents would only be isolated from others as a last resort when less restrictive measures are inadequate to keep the, and other residents safe, and then only until an alternative means of keeping residents safe can be arranged.

The staff who supervises residents in isolation (Detention Worker II) stated if residents were to be placed in isolation they would have access to programs, privileges, and education. Residents would only be placed in involuntary isolation only until an alternative means of separation from likely abusers can be arranged. Residents would receive daily visits from medical and mental health clinicians. There have been no involuntary isolations for residents who have suffered sexual abuse.

The medical staff stated residents would receive daily visits from medical and mental health clinicians. These visits would occur as much as needed, but at least every 4 hours.

The mental health staff stated residents would receive daily visits from medical and mental health clinicians.

115.342 (c)

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

Policy (page 2) At no time will any housing area in the facility be designated solely for housing lesbian, gay, bisexual, transgender, bisexual, or intersex residents.

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

One resident identified as bisexual. He confirmed he was not placed in a housing unit only for lesbian, gay, bisexual, transgender, or intersex residents. No residents identified as transgender or intersex.

115.342 (d)

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

Policy (page 2) Residents who are transgender or intersex will be made on a case-by-case basis as to whether a placement in certain living area would ensure the residents health and safety or whether that placement would present management or security issues.

The PREA Coordinator confirmed housing and programming assignments for transgender or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety. At no time will any housing area in the facility be designated solely for transgender or intersex residents.

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

115.342 (e)

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

Policy (page 2) The Director of Detention or his/her designee will reassess the decision as needed but no less than twice each year.

The PREA Coordinator and Detention Worker II confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

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

Policy (page 2) A transgender or intersex resident's own views with respect to his/her own safety shall be given serious consideration.

The PREA Coordinator confirmed the agency considers whether placement will ensure a resident's health and safety and the Detention Worker II confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

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

115.342 (g)

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

Policy (page 2) Transgender and intersex residents will be showered separately.

The PREA Coordinator and Detention Worker II confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

The auditor observed transgender or intersex residents would be able to shower separately from other residents. Showers are conducted individually in a bathroom, behind the privacy of a shower curtain.

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

115.342 (h)

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

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

No residents at risk of sexual victimization were held in isolation in the past 12 months.

115.342 (i)

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

No residents at risk of sexual victimization were held in isolation in the past 12 months.

Conclusion:

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

115.351

Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCRJDC PREA Policy: Resident Reporting
2. BCRJDC PREA Policy: Exhaustion of Administrative Remedies
3. Baldwin County Child Advocacy Center (Care House, Inc.)
4. PREA Acknowledgement Statement
5. PREA Handout
6. Grievance Form
7. BCRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse (none)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy (115.351; page 1) Residents who are victims of sexual abuse/assault/harassment, who have knowledge of the sexual harassment/assault/abuse, who feel they are being retaliated against by other residents/staff for reporting sexual abuse/assault/harassment as well as those who feel staff neglected or violated their responsibilities contributing to such incidents have multiple reporting options including:

- notifying any staff member, volunteer, contract personnel, attorney, parent/legal guardian
- through the written grievance system
- by calling the Alabama Department of Youth Services PREA Hotline (1-855-332-1594)
- sending confidential correspondence to the Director, Detention Coordinator and Probation
- through third party reports

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number or writing a grievance.

Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

The auditor observed posters and the PREA handout. Residents are provided with different ways to report. These methods include telling a trusted staff member and filling a grievance.

115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Policy (115.351; page 1) Residents shall be given the ability to report abuse or harassment to an entity that is not part of the facility by calling ADYS Sexual Assault Hotline at 1-855-332-1594. Hotline staff will immediately forward the residents report of sexual abuse or harassment to the facility administration, allowing the resident to remain anonymous upon request.

Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The PREA Coordinator identified written communication as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

The auditor observed posters and the PREA handout. Residents are provided with different ways to report to a public or private entity or office that is not part of the agency. These methods include calling the Care House, Inc. or ADYS hotline, and requesting to speak with DHR or local law enforcement. The auditor tested the telephone system. Residents are able to call the hotline or other outside reporting entities with staff assistance.

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: promptly

Policy (115.351; page 1) Staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports of sexual abuse and sexual harassment as well as retaliation by other residents or staff for reporting these offenses. Neglect or violation of responsibilities that may have contributed to these incidents may also be reported in the same manner.

Staff interviewed confirmed verbal reports would be documented immediately.

115.351 (d)

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

Policy (115.352; page 2) Grievances may be written on a formal grievance form or blank piece of paper. They can be put in an envelope with the Detention Coordinators name written on it. Staff will consider all grievances legal correspondence and will transport them immediately to the proper staff member un-read.

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

The auditor observed grievance forms are available. Residents are instructed to seal the grievance in an envelope.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: PREA Acknowledgement Statement

Policy (115.351; page 2) Staff also has access to privately report sexual abuse or harassment of resident through use of the PREA Hotline or private correspondence to the head of the department.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by telling the Director or calling the hotline.

The auditor observed the PREA Acknowledgement Statement instructs staff to report to the Detention Supervisor, Detention Coordinator, or the Director.

Conclusion:

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

115.352	Exhaustion of administrative remedies
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Exhaustion of Administrative Remedies 2. PREA Handout 3. PREA Video 4. Grievance Form 5. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
Residents who Reported a Sexual Abuse - none present	
Site Review Observations:	
Observations during on-site review of physical plant	
Findings (By Provision):	
115.352 (a)	
PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.	
BCRJDC PREA Policy: Exhaustion of Administrative Remedies, specifies the procedure for dealing with resident grievances regarding sexual abuse.	
Policy (page 2) It is the policy of Baldwin County Regional Juvenile Detention Center that all grievances of sexual harassment or sexual abuse be submitted to the Detention Coordinator unless the allegation is against this person. If so the grievance will be submitted directly to the Director. All allegations of criminal acts are submitted to the Baldwin County Sheriff's Office for investigation. All administrative investigations will be conducted by the Director, Detention Coordinator, and Compliance Manager.	
The auditor reviewed the PREA Handout and verified relevant information is provided.	
115.352 (b)	
PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.	
Policy (page 2) Residents may submit grievances at any time regarding allegations of sexual abuse. There is no time limit for filing these grievances or is there a requirement to use any informal grievance process. Residents do not have to make an attempt to resolve with staff an alleged incident of sexual abuse or harassment.	
115.352 (c)	
PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.	
Policy (page 2) It is the policy of Baldwin County Regional Juvenile Detention Center that all grievances of sexual harassment or sexual abuse be submitted to the Detention Coordinator unless the allegation is against this person. If so the grievance will be submitted directly to the Director.	
Grievances may be written on a formal grievance form or blank piece of paper. They can be put in an envelope with the Detention Coordinators name written on it. Staff will consider all grievances legal correspondence and will transport them immediately to the proper staff member un-read.	
115.352 (d)	
PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The total time between the discovery of the grievance and the disposition cannot exceed 25 days.	
In the past 12 months:	
1. The number of grievances that were filed that alleged sexual abuse: 0	
2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0	
3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0	

Policy (page 2) The final agency decisions regarding the merits of any portion of the grievance are issued within 90 days of the initial filing. A 70-day extension can be granted if the normal time period for the response is insufficient to make an appropriate decision. The resident will be informed in writing of the decision before this time period has expired. If the resident does not receive a response within the time allotted for reply, the resident may consider the absence of a response to be a denial at that level.

An emergency grievance can be submitted if the resident is subject to a substantial risk of imminent sexual abuse. This grievance will be immediately forwarded to the Director of Detention or his/her designee in their absence so that swift corrective measures can be taken. The initial response to the grievance is provided within 48 hours. The final agency decision will be issued within 5 calendar days.

115.352 (e)

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

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

Policy (page 2) Third parties including fellow residents, staff members, family members, attorneys, and outside advocates may assist residents in filing requests for administrative remedies related to allegations of sexual abuse and may file a request on behalf of the resident. The resident has the right to decline processing of his/her request unless the request was made by the parent/legal guardian. A parent or legal guardian is allowed to file a grievance of sexual abuse, including appeals on behalf of the resident.

115.352 (f)

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

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

Policy (page 2) Procedures shall be in place for an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the facility shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide and initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the facility's determination whether the resident is in substantial risk or imminent sexual abuse and the action taken in response to the emergency grievance.

115.352 (g)

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

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

Policy (page 2) Residents who file grievances in "bad faith" will be subject to disciplinary action.

Conclusion:

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

115.353	Resident access to outside confidential support services and legal representation
<p>Auditor Overall Determination: Meets Standard</p>	
<p>Auditor Discussion</p>	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Resident Access to Outside Support Services and Legal Representation 2. Letter: Baldwin County Child Advocacy Center (Care House, Inc.) 3. Care House, Inc. Poster 4. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Updated Informational Handbook <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent of Designee (Director) 2. PREA Coordinator 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.353 (a)</p> <p>PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ol style="list-style-type: none"> 1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. 2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. <p>Policy (pages 1-2) It is the policy of the Baldwin County Regional Juvenile Detention Center to provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers of local, state or national victim advocacy or rape crisis center organizations and for persons detained solely for civil immigration purposes, immigrant services agencies. Reasonable communication between residents and these organizations shall be made in as confidential a manner as possible.</p> <p>Addresses and phone numbers to outside victim advocate groups for emotional support services related to sexual abuse are provided to residents. Information is posted throughout the facility and can be found in the resident handbook.</p> <p>The auditor observed contact information for outside victim advocate services for emotional support related to sexual abuse is included in posters posted in the hallway by master control and in intake.</p> <p>Care House, Inc.:</p> <ol style="list-style-type: none"> 1. Phone: 251-937-2055 2. Address: 108 Blackburn Avenue, P. O. Box 874, Bay Minette, Alabama 36507 <p>The auditor reviewed the letter of agreement to provide residents with emotional support services related to sexual abuse with Care House, Inc. The auditor contacted the Care House, Inc. Developmental Director and confirmed victim advocacy is available to the youth at the facility.</p> <p>Resident interviews revealed residents had differing levels of awareness of services available outside of the facility for dealing with sexual abuse if they ever need it. The facility has posted contact information for Care House, Inc. The information posted includes a telephone number and a mailing address.</p> <p>115.353 (b)</p> <p>PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>Policy (pages 1-2) Residents shall be informed prior to access of the extent to which such communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws. Staff informs residents before giving them access, the extent to which such communications are monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p>	

Residents interviewed knew contacting the sexual abuse hotline or other outside services would be a free call and they could make a call when needed.

Through corrective action, the facility updated the informational handbook to further educate residents on the extent to which such communications will be monitored and associated mandatory reporting laws.

The updates are as follows:

Mail

Letters to and from attorneys or court officials, or the victim advocacy center will not be opened or censored. Reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Telephone Calls

Residents may call outside victim advocate groups for emotional support services related to sexual abuse at any time. Calls will be monitored visually while allowing confidentiality. Reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.353 (c)

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

The auditor reviewed the letter of agreement to provide residents with emotional support services related to sexual abuse with Care House, Inc. The auditor contacted the Care House, Inc. Developmental Director and confirmed victim advocacy is available to the youth at the facility.

115.353 (d)

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

Policy (pages 1-2) Reasonable and confidential access to resident's attorney or other legal representation and reasonable access to parents or legal guardians shall be provided by the facility. Residents are provided reasonable and confidential access to their attorneys upon request and allowed to visit their parents or legal guardians two times each week and make phone calls to their parents or legal guardians once a week.

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

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.

115.354	Third-party reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Third-party Reporting Form 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>§115.354</p> <p>PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>The detention center has a third-party reporting form published on its website. Reporters are instructed to use the form to email reports to the Baldwin County Regional Detention Center PREA Coordinator or the Alabama Department of Youth Services (ADYS) PREA Coordinator. Additional published methods include, contacting facility administration, contacting the Baldwin County Sheriff's Office, calling the ADYS PREA Coordinator, and calling the ADYS Sexual Assault Hotline.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding third-party reporting by providing multiple ways for third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Staff and Agency Reporting Duties 2. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. Superintendent or Designee (Director) 2. PREA Coordinator 3. Random Sample of Staff 4. Medical and Mental Health Staff 	
Findings (By Provision):	
115.361 (a)	
PAQ: The agency requires all staff to report immediately and according to agency policy:	
<ol style="list-style-type: none"> 1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 	
<p>Policy (page 2) Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of sexual assault/harassment that is alleged to have occurred. Staff are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of our agency; retaliation against residents or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>	
<p>Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>	
115.361 (b)	
PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.	
Policy (page 2) Staff is also required to comply with all mandatory child abuse reporting laws.	
Staff interviews confirmed they are aware of Alabama laws related to mandatory reporting of sexual abuse.	
115.361 (c)	
<p>PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p>	
<p>Policy (page 2) Apart from reporting to designated supervisors or officials, staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigations, and other security and management decisions.</p>	
<p>Staff interviewed were knowledgeable that BCRJDC policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p>	
115.361 (d)	
<p>Policy (page 2) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisor and officials as well as to the designated State or local agency where required by mandatory reporting laws. These practitioners shall be required to inform residents at the initiation of services if their duty to report and the limitations of confidentiality.</p>	
<p>Interviews with the medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The medical staff reported she has not become aware of such incidents. The mental health staff reported</p>	

she has become aware of such incidents and reported them.

115.361 (e)

Policy (page 2) Upon receiving any allegation of sexual abuse, the Director of Detention shall promptly report the allegations to the appropriate agency and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

If the alleged victim is under the guardianship of the Department of Human Resources, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardian.

If the juvenile court retains jurisdiction over the alleged victim, the facility head or his/her designee shall also report the allegation to the resident's attorney or other legal representative of record within 14 days of receiving the allegation.

The Director stated when the facility receives an allegation of sexual abuse, he reports the allegation to the Baldwin County Sheriff's Department. If the victim is under the guardianship of the child welfare system, he stated the allegation would be reported to the victim's caseworker. The allegation would be immediately reported to the appropriate parties. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record within 14 days.

The PREA Coordinator stated when the facility receives an allegation of sexual abuse, she reports the allegation to the Director and then to the Baldwin County Sheriff's Department. If the victim is under the guardianship of the child welfare system, she stated the allegation would be reported to the victim's Department of Human Resources/ Child Protective Services caseworker. The allegation would be reported to the appropriate parties as soon as possible. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be immediately reported to the juvenile's attorney or other legal representative of record and to Baldwin County department of Human Resources

115.361 (f)

Policy (page 2) All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports shall be turned over to the proper investigative services.

The Director confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported directly to designated facility investigators.

Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Agency Protection Duties 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director) 2. Superintendent or Designee (Director) 3. Random Sample of Staff <p>Findings:</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months, the number of times the facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>Policy (page 1) It is the policy of Baldwin County Juvenile Detention Center that when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>"Immediate action" is circumstance driven. The actions need to be taken within the time from necessary to protect the inmate from risk.</p> <p>Immediate action will be taken to protect residents from risk. The supervisor on duty will consult administration to devise a plan that will best suit the needs of the resident and ensure the safety and security of the facility.</p> <p>This includes:</p> <ul style="list-style-type: none"> • immediately removing the resident from the room • have a staff member stay with the resident • understand the risk involved and take steps to protect the resident from any risk <p>The Director confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include immediately removing the resident from the room, having a staff member stay with the resident, and taking steps to protect a resident from risk. Staff are expected to respond immediately.</p> <p>Staff interviewed confirmed if they learn a resident is at risk of imminent sexual abuse, they will take immediate actions to protect the resident. These actions include removing the resident from harm and providing close observation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Reporting to other Confinement Facilities 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director) 2. Superintendent or Designee (Director) <p>Findings (By Provision):</p> <p>115.363 (a) PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p>Policy (page 1) When a resident alleges they were sexually harassed or abused while housed at another facility the Director of Detention will be notified. He/She will notify the head of the facility or appropriate office where the alleged abuse occurred as well as the appropriate investigative agency.</p> <p>115.363 (b) PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Policy (page 1) Notification will occur no later than 72 hours after the allegation is received.</p> <p>115.363 (c) PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Policy (page 1) Notification shall be documented.</p> <p>115.363 (d) PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy (page 1) It is the responsibility of the facility administrator receiving the notification to ensure the allegation is investigated in accordance with PREA standards and to inform the Director of the outcome.</p> <p>The Director confirmed the receiving facility director would notify the department head of the agency and relevant investigative agency. He stated there are no examples of another facility or agency reporting such allegations.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>

115.364

Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCRJDC PREA Policy: Staff First Responder Duties
2. BCRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Staff First Responders
2. Random Sample of Staff
3. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0
5. The number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Policy (page 2) Staff shall follow uniform evidence protocol based on the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" to maximize the potential for obtaining usable physical evidence for both administrative and criminal prosecutions by:

- Separating the alleged victim and abuser.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- Request that the alleged victim not take any actions that could destroy physical (such as appropriate washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) if the abuse occurred within a time period that still allows for the collection of physical evidence;
- Ensuring that the alleged abuser does not take any of the above actions that could destroy physical evidence, if the abuse occurred within a time period that still allows for the collection physical evidence
- Immediately notifying medical and health practitioners

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

115.364 (b)

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.

2. Notify security staff.

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

Policy (page 1) If the first responder is not a detention officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify detention staff.

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

Conclusion:

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

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC: Sexual Assault Allegation Procedures 2. Flowchart: Process for Investigating Sexual Assault Allegations 3. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Director) <p>Findings:</p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Baldwin County Regional Detention Center Sexual Assault Allegation Procedures is a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigator (Baldwin County Sheriff's Office), and facility leadership.</p> <p>The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse. The Director confirmed the facility has a plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, and facility leadership.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Preservation of Ability to Protect Residents from Contact with Abusers 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Director) <p>Findings (By Provision):</p> <p>115.366 (a)</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>Policy (page 1) It is the policy of the Baldwin County Regional Juvenile Detention Center that neither the agency nor the governmental entity enters into an agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The Director confirmed BCRJDC has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b)</p> <p>The Director confirmed BCRJDC has not entered into or renewed any collective bargaining agreements.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Agency Protection against Retaliation 2. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. Agency Head (Director) 2. Superintendent or Designee (Director) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse - none present 	
Findings (By Provision):	
115.367 (a)	
PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.	
The Agency designates staff members or charges departments with monitoring for possible retaliation.	
The names of the staff members: Twana Bishop and Rudy Kennedy	
The titles of the staff members: Detention Coordinator and Compliance Manager	
Policy (page 1) It is the policy of the Baldwin County Juvenile Detention Center to protect all juveniles and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The facility head or his/her designee will designate which staff members are charged with monitoring retaliation.	
115.367 (b)	
Policy (page 1) The facility shall employ multiple protection measures, such as 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.	
The interview with the Director confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations. The facility would use a retaliation form to document any forms of retaliation. The observation will be assigned to a supervisor, the coordinator, manager, and director. At least two staff members will monitor for retaliation.	
The Staff Member Charged with Monitoring Retaliation (Detention Worker II) stated the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes monitoring interactions of any staff or residents involved. If necessary, he will make housing adjustments or adjustments to staff responsibilities to limit opportunities for retaliation. The different measures he would take to protect residents and staff from retaliation would include being proactive and monitoring interactions. He would look for signs that reporters may be in need of counseling or support services. He stated he would not initiate contact with residents who have reported sexual abuse but provide them with a qualified individual for counseling and emotional support services.	
115.367 (c)	
PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.	
The length of time that the agency and/or facility monitors the conduct or treatment: 90 days	
The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0	
Policy (page 1) For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items that shall be monitored include any resident disciplinary reports, housing, or program changes, or negative service ratings or reassignments of staff. The facility shall continue to monitor beyond 90 days if the initial monitoring indicates a continuing need to do so.	

The Director stated measures he would take when he suspects retaliation would be to separate the individuals if the retaliation was juvenile on juvenile. If the retaliation involved staff, the staff would be separated and there would be disciplinary actions for the offending staff.

The Detention Worker II stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. Monitoring would continue beyond 90 days if needed.

115.367 (d)

Policy (page 1) In the case of residents, such monitoring shall include periodic status checks.

The Detention Worker II stated things he looks for to detect possible retaliation includes looking for signs of unusual or inappropriate action with others that appear to be retaliatory in nature and might suggest any perceived threats or intimidation. He stated he would monitor all disciplinary reports that staff issue against residents and if they appear to be retaliatory in nature, he would notify the Detention Coordinator and Director.

115.367 (e)

Policy (page 1) If any other individual who cooperates with an investigation expresses a fear of retaliation the facility shall take appropriate measure to protect that individual against retaliation.

The Director stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measure to protect that individual against retaliation. These measures include separating the individual and instituting retaliation monitoring.

115.367 (f)

Policy (page 1) The facility's obligation to monitor shall terminate if the facility determines the allegation is unfounded.

Conclusion:

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

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Post-allegation Protective Custody 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Director) <p>Findings:</p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>Policy (page 1) It is the policy of the Baldwin County Juvenile Detention Center that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subjected to the requirements of PREA standard 115.342 which states:</p> <p>Residents shall only be isolated from others as a last resort when less restrictive measures have proven inadequate in keeping them and other residents safe. Documentation must show the following:</p> <ul style="list-style-type: none"> • The basis for the facility's concern for the resident's safety • The reason no alternative means of separation can be arranged • A written review every 30 days regarding the determination as to whether there is a continuing need for separation from the general population <p>Residents shall only remain isolated until an alternative means of keeping all resident's safe can be arranged. During any period of isolation, the resident shall not be denied daily large-muscle activity or any legally required educational programming including special education services. Residents in isolation shall receive daily visits from medical or mental health staff and have access to other programs to the extent possible.</p> <p>The Director stated there have been no incidents in which isolation was used to protect a resident who was alleged to have suffered sexual abuse. Residents would only be isolated from others as a last resort when less restrictive measures re inadequate to keep the, and other residents safe, and then only until an alternative means of keeping residents safe can be arranged.</p> <p>The staff who supervises residents in isolation (Detention Worker II) stated is residents were to be placed in isolation they would have access to programs, privileges, and education. Residents would only be placed in involuntary isolation only until an alternative means of separation from likely abusers can be arranged. Residents would receive daily visits from medical and mental health clinicians. There have been no involuntary isolations for residents who have suffered sexual abuse.</p> <p>The medical staff stated residents would receive daily visits from medical and mental health clinicians. These visits would occur as much as needed, but at least every 4 hours.</p> <p>The mental health staff stated residents would receive daily visits from medical and mental health clinicians.</p> <p>The auditor observed there were no residents in the time-out cells during the onsite phase of the audit. Staff confirmed residents would have access to out-of-cell programs.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Criminal and Administrative Agency Investigations 2. NIC Certificates: Investigating Sexual Abuse in a Confinement Setting 3. Training Records 4. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Director) 2. PREA Coordinator 3. Investigative Staff 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.371 (a) PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Policy (page 2) Investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations including third party and anonymous reports.</p> <p>The Detention Coordinator confirmed an investigation following an allegation of sexual abuse or sexual harassment is initiated immediately. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.</p> <p>The auditor reviewed one administrative investigative report for an unfounded allegation of staff-on-resident sexual harassment.</p> <p>115.371 (b) BCRJDC does not conduct criminal investigations.</p> <p>Policy (page 2) Criminal investigations will be conducted by the Baldwin County Sheriff's Office. Detectives assigned by Baldwin County Sheriff's Office will investigate all allegations involving the sexual abuse of a juvenile. Investigators will be given complete access to the facility to gather and preserve direct and circumstantial evidence, interview alleged victims, suspected perpetrators and witnesses, review prior complaints, and reports of sexual abuse involving the suspected perpetrator.</p> <p>The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting.</p> <p>The Detention Coordinator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She confirmed receiving the specialized topics required by the standard provision.</p> <p>115.371 (c) Policy (page 2) Criminal investigations will be conducted by the Baldwin County Sheriff's Office. Detectives assigned by Baldwin County Sheriff's Office will investigate all allegations involving the sexual abuse of a juvenile. Investigators will be given complete access to the facility to gather and preserve direct and circumstantial evidence, interview alleged victims, suspected perpetrators and witnesses, review prior complaints, and reports of sexual abuse involving the suspected perpetrator.</p> <p>The Detention Coordinator stated sexual abuse investigations are conducted by the Baldwin County Sheriff's Office. The Director would notify staff to secure the scene and evidence. The Baldwin County Sheriff's Office will be notified. Direct and circumstantial evidence that would be gathered in an investigation of an incident of sexual abuse would include clothing, video related to the incident, and interviews.</p> <p>The auditor reviewed one administrative investigative report for an unfounded allegation of staff-on-resident sexual harassment. Video was reviewed and interviews were conducted.</p> <p>115.371 (d) PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.</p>

Policy (page 2) The investigation will not be terminated based solely on the recantation of the alleged victim.

The Detention Coordinator confirmed an investigation does not terminate if the source of the allegation recants his/her allegation.

115.371 (e)

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The Detention Coordinator confirmed when she discovers evidence that a prosecutable crime may have taken place, she would consult with prosecutors before conducting compelled interviews.

115.371 (f)

Policy (page 2) The credibility of the alleged victim, suspect or witnesses will be assessed on an individual basis and not determined by status as resident or staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation.

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

115.371 (g)

Policy (page 2) Administrative investigations will be conducted to determine whether staff actions or failures to act contributed to the abuse. These investigations and their findings will be documented in a written report that includes a description of the evidence, the reasoning behind credibility assessments and the investigative facts and findings.

The Detention Coordinator stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include reviewing video and interviewing staff and witnesses. She confirmed administrative investigations are documented and include a description of the evidence.

115.371 (h)

Criminal investigations are conducted by the Baldwin County Sheriff's Office. The Detention Coordinator stated reports are documented and contain evidence gathered, interviews, and any complaints.

115.371 (i)

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

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

The Baldwin County Sheriff's Office refers substantiated allegations that appear to be criminal for prosecution.

115.371 (j)

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

Policy (page 2) All written reports related to the investigation shall be maintained for at least five years.

The auditor reviewed one administrative investigative report for an unfounded allegation of staff-on-resident sexual harassment. The report was made within the 12 month audit period.

115.371 (k)

Policy (page 2) The departure of the alleged perpetrator or victim from the employment or control of the facility shall not provide a basis for terminating the investigation.

The Detention Coordinator stated an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. He stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation the investigation would continue.

115.371 (m)

Policy (page 2) When outside agencies investigate sexual abuse the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the information.

The Facility Director confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. The detectives will ensure that the Director is informed.

The Detention Coordinator stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation through emails and telephone calls.

Conclusion:

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

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

115.373	Reporting to residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Reporting to residents 2. Juvenile Notification of Investigative Outcome Form 3. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. Superintendent or Designee (Director) 2. Investigative Staff 3. Residents who Reported a Sexual Abuse 	
Findings (by provision):	
115.373 (a)	
PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.	
In the past 12 months:	
<ol style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 	
Policy (page 1) It is the policy of the Baldwin County Juvenile Detention Center that following an investigation into a juvenile's allegation of sexual abuse suffered in the facility; the facility head or his/her designee shall inform the juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.	
The Facility Director and Detention Coordinator confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.	
The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification residents are informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Residents sign that they have received the outcome notification.	
115.373 (b)	
PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.	
In the past 12 months:	
<ol style="list-style-type: none"> 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0 2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0 	
Policy (page 1) The Director of Detention shall request the relevant information from the law enforcement agency who investigated the allegations. All attempts to request information from the investigative agency will be documented.	
115.373 (c)	
PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:	
<ol style="list-style-type: none"> 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 	
There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.	
Policy (page 2) Residents who make allegations against a staff member will be notified in writing of the following unless the allegation was determined to be unfounded:	

- the staff member is no longer assigned to residents housing area
- the staff member is no longer employed at the facility
- the facility learns the staff member has been indicted on a charge related to the sexual abuse within the facility
- The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility

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

115.373 (d)

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

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

Residents who make allegations against a fellow resident will be notified in writing of the following:

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

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

115.373 (e)

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

In the past 12 months:

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

Policy (page 1) All notifications or attempted notification shall be documented.

The auditor reviewed Juvenile Notification of Investigative Outcome Form for verification notifications to residents described under this standard would be documented. The form is inclusive of the standard provision requirements.

115.373 (f)

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

Policy (page 2) The facility's obligation to report under this standard terminates if the resident is released from the agency's custody.

Conclusion:

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Disciplinary Sanctions for Staff 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.376 (a) PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Policy (page 1) Baldwin County Juvenile Detention Center is governed by the policy and procedures of the Baldwin County Commission and adheres to Rule III as it relates to the suspension, demotion, or termination of an employee.</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating Baldwin County Regional Juvenile Detention Center's sexual abuse or sexual harassment policies.</p> <p>115.376 (b) In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 <p>Policy (page 1) Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>115.376 (c) PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p>Policy (page 2) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.376 (d) PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>Policy (page 2) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies, unless the activity was clearly not criminal.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Disciplinary Action for Contractors and Volunteers 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Director) <p>Findings (by provision):</p> <p>115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Policy (page 1) It is the policy of the Baldwin County Juvenile Detention Center that any contractor, intern or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement, unless the activity was clearly not criminal as well as the licensing authority.</p> <p>The Director of Detention/ supervisor on duty shall be immediately notified of any allegations of sexual abuse or harassment alleged against contractors, interns, or volunteers. The Director of Detention shall notify the Baldwin County Sheriff's Office, investigative team, Department of Human Resources and licensing authority.</p> <p>115.377 (b) PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy (page 1) The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>That individual will not be allowed in the facility or have contact with any residents until the investigation has concluded. If the allegations are determined to be founded the individual will be permanently barred from any contact with the center and criminal charges filed if applicable.</p> <p>The Director stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The individual would not be allowed in the facility or have contact with any resident until the investigation has concluded.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>	

115.378	Interventions and disciplinary sanctions for residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Interventions and Disciplinary Sanctions for Residents 2. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Director) 2. Mental Health Staff <p>Findings (by provision):</p> <p>115.378 (a)</p> <p>PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p>Policy (page 2) The Baldwin County Juvenile Detention Center prohibits all sexual activity between residents and residents as well as residents and staff. A resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the youth engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse.</p> <p>115.378 (b)</p> <p>PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0 2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A 3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A <p>Policy (page 2) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p>A resident who received an M-IV for forced sexual activity will be placed on isolation. The Detention Coordinator will ensure that the resident receive all required exercise, educational programming, and medical and mental health services. This information will be documented in the Special Management Program created based on each individual need. Documentation is maintained for the reason of segregation in the youth's confidential file; and the segregation is reviewed daily. If a youth represents a safety risk to others in the facility, then alternative action will be utilized to ensure that there is no safety risk to others.</p> <p>115.378 (c)</p> <p>Policy (page 2) The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>The Director stated mental disability or mental illness is considered when determining sanctions.</p> <p>115.378 (d)</p>	

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

Policy (page 2) Any resident who sexually abuses another resident will be offered counseling by the court psychologist or private counseling services as well as other interventions designed to address and correct underlying reasons or motivations for the abuse.

The mental health staff stated therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse would also be offered to an offending resident. She would not restrict a resident's access to any rewards-based behavior management system, programming, or education as a requirement for participation.

115.378 (e)

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

Policy (page 2) Residents who engage in sexual activity with staff will only be disciplined if it is found that the staff member did not consent to such contact.

115.378 (f)

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

Policy (page 2) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g)

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

Policy (page 2) The Baldwin County Juvenile Detention Center prohibits all sexual activity between residents and residents as well as residents and staff.

Conclusion:

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

115.381	Medical and mental health screenings; history of sexual abuse
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Medical and Mental Health Screening; History of Sexual Abuse 2. Medical and Mental Health Notes 3. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening 	
Findings (by provision):	
115.381 (a)	
<p>PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p>	
<p>In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p>	
<p>Policy (page 1) If during the intake screening a resident indicates he/she has previously experienced sexual abuse whether it occurred in an institutional setting or in the community, the resident will be provided the opportunity to meet with the contracted physician or the court psychologist. These services will be offered within 14 days of the intake screening by the Detention Coordinator.</p>	
<p>The intake staff responsible for risk screening (Detention Worker II) confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days. He stated the meeting would be the next day.</p>	
<p>One resident was identified as reporting prior sexual victimization during risk screening. The resident confirmed she was offered and accepted a meeting with a mental health care practitioner within 14 days.</p>	
<p>The auditor reviewed medical and mental health notes of the resident who disclosed prior victimization during risk screening. The follow-up meeting was offered within the required time frame.</p>	
115.381 (b)	
<p>PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p>	
<p>In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%</p>	
<p>Policy (pages 1-2) If during the intake screening a resident indicates he/she has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, the resident will be provided the opportunity to meet with the court psychologist. This service will be offered within 14 days of the intake screening by the Detention Coordinator.</p>	
<p>The Detention Worker II confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days. He stated the meeting would usually occur within 24 hours.</p>	
115.381 (c)	
<p>PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p>	
<p>Policy (page 2) Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical, mental health staff and administrative staff as necessary for the purposes of creating treatment plans, security management decisions including housing, education, and other programming assignments. All personal information</p>	

of this nature is maintained in the resident's detention file available only to approved staff.

The auditor observed that information is securely retained in the resident files.

115.381 (d)

PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Policy (page 1) Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The interview with medical staff confirmed she obtains informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. All residents sign a general informed consent of medical needs at intake. She stated at age 14 a resident can consent to medical treatment and sign a consent form. Under the age of 14, a parent would be notified for review.

The interview with mental health staff confirmed she obtains informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. She stated consent must be given by the minor child voluntarily if at all possible, unless reporting is mandated by law. The child must be a part of the collaborative process to promote autonomy and empowerment. Consent must be in writing.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

115.382	Access to emergency medical and mental health services
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
Documents:	
<ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Access to emergency medical and mental health services 2. BCRJDC Pre-Audit Questionnaire (PAQ) 	
Interviews:	
<ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse 3. Security Staff and Non-Security Staff First Responders 	
Site Review Observations:	
Observations during on-site review of physical plant	
Findings (By Provision):	
115.382 (a)	
<p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>Policy (pages 1) It is the policy of the Baldwin County Juvenile Detention Center that residents who become victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their personal judgment.</p> <p>The Medical and Mental Health Staff stated resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The mental health staff stated medical attention would be immediate, followed by psychological attention with 72 hours. The medical staff stated residents would be transported to USA Women's and Children's Hospital for forensic medical examination and treatment. They both stated the nature and scope of these services would be determined according to their professional judgment.</p>	
115.382 (b)	
<p>PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Policy (pages 1) If not qualified medical and mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to PREA Standards 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Detention staff first responders will ensure that the victim is safe, and the scene is secured. The victim and the alleged perpetrator will be separated and transported to USA Women's and Children's Hospital for forensic examination and treatment.</p>	
115.382 (c)	
<p>PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy (page 1) Residents who become victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.</p> <p>The medical and mental health staff stated victims of sexual abuse are offered timely information about access to emergency</p>	

contraception and sexually transmitted infection prophylaxis.

There were no residents who reported a sexual abuse.

115.382 (d)

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

Policy (page 1) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion:

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

115.383

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCRJDC PREA Policy: Ongoing medical and mental health care for sexual abuse victims and abusers
2. BCRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Staff
2. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.383 (a)

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Policy (page 1) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Treatment would be provided at USA Women's and Children's Hospital.

115.383 (b)

Policy (page 2) The evaluation and treatment for victims includes follow up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The medical and mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. The medical staff stated all medical orders are received and followed with the doctor's approval. They would continue with care and testing as needed. The mental health staff stated individual counseling directed toward self-esteem would be provided. Referrals for individual and group counseling would be made upon release.

There were no residents who reported a sexual abuse.

115.383 (c)

Policy (page 2) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The medical and mental health providers stated medical and mental health services are consistent with the community level of care.

115.383 (d)

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Policy (page 2) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. There were no residents who reported a sexual abuse.

115.383 (e)

PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Policy (page 2) If a pregnancy results, the victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

The medical and mental health staff stated if pregnancy result from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. The mental health staff stated victims would be provided this information and access upon learning if the pregnancy. The medical staff stated victims would be provided this information and access when needed.

There were no residents who reported a sexual abuse.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Policy (page 2) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

There were no residents who reported a sexual abuse.

115.383 (g)

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

Policy (page 2) Treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There were no residents who reported a sexual abuse.

115.383 (h)

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

Policy (page 2) The facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners through the Child Advocacy Center.

The mental health staff confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate. The evaluation would be conducted immediately after learning about the abuse history.

Conclusion:

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

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

The Detention Coordinator was interviewed as a member of the sexual abuse incident review team. She confirmed the team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. She confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The Director concurred that the facility has an incident review team. He stated the team would use the information from a sexual abuse incident review to change policy and practice if indicated, determine the motivation of the incident, assess adequacy of staffing levels, and assess whether monitoring technology is sufficient.

The auditor reviewed the Sexual Abuse Incident Review Form. The form is inclusive of the standard provision requirements.

115.386 (e)

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

Policy (page 1) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Conclusion:

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

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Data Collection 2. Annual Survey of Sexual Victimization (2013-2021) 3. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>Policy (page 1) The facility shall collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The information collected will include the data necessary to answer all questions from the most recent version of the "Survey of Sexual Victimization" conducted by the Department of Justice.</p> <p>The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (b) PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>Policy (page 1) This data will be aggregated annually.</p> <p>The auditor reviewed the aggregated data from 2013-2021.</p> <p>115.387 (c) PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (d) PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Policy (page 1) The facility shall maintain, review, and collect the needed data available incident-based documents, including but not limited to reports, investigation files, and sexual abuse incident reviews.</p> <p>The auditor reviewed one incident report of an administrative investigation of an unfounded allegation of staff-on-resident sexual harassment.</p> <p>115.387 (e) N/A BCRJDC does not contract for the confinement of its residents.</p> <p>115.387 (f) N/A The Department of Justice (DOJ) did not request data for the previous calendar year.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCRJDC PREA Policy: Data Review for Corrective Action
2. 2021 Annual Report
3. Annual Survey of Sexual Victimization (2013-2021)
4. BCRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head (Director)
2. PREA Coordinator

Findings (by provision):

115.388 (a)

PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Policy (page 1) The collected and aggregated data regarding allegations of sexual abuse at the facility will be reviewed annually to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training. A report shall be submitted including a comparison of the current year's data and corrective action with from prior years and shall provide an assessment of the facility's progress is addressing sexual abuse.

The Director and Detention Coordinator confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training.

The auditor reviewed the published annual report and found it to be inclusive of the standard provision requirements. The 2021 annual report is published on the agency's website at <https://baldwincountyal.gov/departments/juvenile-detention>. The report is inclusive of an annual data comparison and corrective actions.

115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the annual report and determined it is inclusive of the standard provision requirements.

115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

Policy (page 1) The Baldwin County Regional Juvenile Detention Center shall make all aggregated sexual data as well as the annual report readily available to the public annually through its website, <http://baldwincountyal.gov/departments/juvenile-detention>.

The auditor observed the report is published on the agency's website at <https://baldwincountyal.gov/departments/juvenile-detention>. The auditor observed the report is approved by the Director.

115.388 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Policy (page 1) All personal identifiers as well as any specific information that would present a clear and specific threat to the safety and security of the facility are removed before this information is made public.

The auditor reviewed the annual reports and observed no identifying information.

Conclusion:

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

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCRJDC PREA Policy: Data Storage, Publication, and Destruction 2. 2021 Annual Report 3. Annual Survey of Sexual Victimization (2013-2021) 4. BCRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Findings (by provision):</p> <p>115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>Policy (page 1) All data collected by the facility will be securely retained.</p> <p>The Detention Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p>115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>Policy (page 1) The Baldwin County Juvenile Detention Center shall make all aggregated sexual abuse data readily available to the public annually through its website, http://baldwincountyal.gov/departments/juvenile-detention.</p> <p>The auditor reviewed published annual reports on the agency website.</p> <p>115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Policy (page 1) All personal identifiers are removed before this information is made public.</p> <p>The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p>115.389 (d) PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Policy (page 1) All data collected by the facility will be securely retained and stored for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

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

115.403	Audit contents and findings
	<p data-bbox="321 149 764 176">Auditor Overall Determination: Meets Standard</p> <p data-bbox="321 205 509 233">Auditor Discussion</p> <p data-bbox="321 262 1073 289">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="321 296 732 443" style="list-style-type: none"> 1. BCRJDC Pre-Audit Questionnaire (PAQ) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p data-bbox="321 470 412 497">Findings:</p> <p data-bbox="321 504 1370 558">All Baldwin County Regional Juvenile Detention Center PREA Audit Reports are published on the agency's website at https://baldwincountyal.gov/departments/juvenile-detention.</p> <p data-bbox="321 585 435 613">Conclusion:</p> <p data-bbox="321 619 1386 674">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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