

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 8, 2017

Auditor Information			
Auditor name: Mable P. Wheeler			
Address: 1176 Linden Avenue Macon, GA			
Email: wheeler5p@hotmail.com			
Telephone number: 478-737-2171			
Date of facility visit: July 13, 2017			
Facility Information			
Facility name: Lee County Youth Development Center			
Facility physical address: 1109 Spring Drive Opelika, Alabama 36801			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 334-794-2996			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Laura Cooper			
Number of staff assigned to the facility in the last 12 months: 18			
Designed facility capacity: 32			
Current population of facility: 9			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Sefako Tidwell		Title: Coordinator	
Email address: stidwell@lcydc.org		Telephone number: 334-794-2996	
Agency Information			
Name of agency: Lee County Youth Development Center			
Governing authority or parent agency: <i>(if applicable)</i> State of Alabama Department of Services			
Physical address: 1109 Spring Drive Opelika, Alabama 36801			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 334-794-2996			
Agency Chief Executive Officer			
Name: Laura Cooper		Title: Executive Director	
Email address: coopydc@aol.com		Telephone number: 334-321-0208	
Agency-Wide PREA Coordinator			
Name: Darryle Powell		Title: Coordinator	
Email address: dpowellydc@aol.com		Telephone number: 334-321-0258	

AUDIT FINDINGS

NARRATIVE

The on-site audit was conducted July 13, 2017. After meeting with the facility's management staff a complete tour of the facility was conducted. Residents were observed to be under constant supervision of the staff. The facility was clean and well maintained. There were no blind spots observed. Population on date of audit was 9.

During the two day on-site visit, staff were interviewed for 20 areas of job responsibilities and 5 youth were interviewed. The interviews revealed staff are knowledgeable of PREA standards and were able to articulate their responsibilities. Residents were well informed of their right to be free from sexual abuse and harassment.

Lee County Youth Development Center (East Alabama Regional Detention Facility) is a 32 bed secure facility located on the main campus of LCYDC. The physical plant of the detention center consists of three wings, separated by a central control room. The three wings are divided into a 28 bed wing which also has a central recreation/day/dining room and access to the facility gym, classroom, laundry and showers. Another wing consist of a multipurpose room (library, visiting area, and group room), clinic area administrative offices. The third wing, which is the oldest part of the facility, contain four secure rooms, staff offices, staff member break area, intake area and sally port. There is also a fenced recreation yard with picnic tables.

LCYDC currently detain male and female juveniles charged with criminal offenses. Juveniles housed in detention range in age from 12-18 years old. The length of stay varies from less than 24 hours to approximately two months. However, this time frame can change depending on placement availability. The detention center services 10 surrounding counties.

LCYDC employs 18 full time staff. There is a full time licensed RN, 1 team leader, 1 team coordinator, off campus physicians for medical needs, mental health services, sixteen resident specialist that provides constant supervision and program activities.

LCYDC provides educational services through the Chanticleer Learning Center with classes five days a week year round. The educational program offers coursework in social studies, science, language arts, mathematics, reading GED and pre-GED, employment skills as well as independent living skills are integrated into the core curriculum.

DESCRIPTION OF FACILITY CHARACTERISTICS

East Alabama Regional Detention is housed in one building with three wings on the Lee County Development Center Campus. The notification of the on-site audit was posted June 1, 2017, six weeks prior to the first date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the housing unit, administrative areas and programming areas.

The Pre-Audit Questionnaire, policies and supporting documentation were received. The documents, which were uploaded to a USB drive, were organized. The initial review revealed Youths inability to have unencumbered access to an outside agency for the purpose of reporting sexual abuse or sexual harassment and verification of staff PREA training.

During the on-site visit, 20 staff and 5 youth were interviewed. Overall, the interviews revealed staffs are knowledgeable of PREA standards and were able to articulate their responsibilities. Residents were well informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides.

SUMMARY OF AUDIT FINDINGS

On July 13, 2017, an on-site PREA audit was completed at Lee County Youth Development Center Opelika, AL. The results indicate Lee County exceeded 1 standards; 39 met standards; 0 standards were not met; 1 standards were not applicable.

During site visit auditor identified a need for youth files to be secured at a higher level. Insuring (only need for know) access. This recommendation was well received by management level staff. A new locking mechanism was placed on youth files with limited staff access identified. This improvement was completed during site visit.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: [Click here to enter text.](#)

Number of standards not applicable: 1

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

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

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

Policy:

- o DYS Policy 13.8.1 Protection from Sexual Abuse and Assault

Supporting Documentation:

- Alabama DYS Organizational Structure
- Alabama DYS Division of Juvenile Justice Organizational Structure
- DYS Organizational Structure
- PREA Audit: Pre-Audit Questionnaire for Lee County Youth Development Center

Interviews:

- o Agency PREA Coordinator
- o Facility PREA Compliance Manager

Conclusion:

Alabama DYS agency policy 13.8.1 guides Lee County Youth Development Center in the implementation of the Prison Rape Elimination Act. DYS mandates zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract; outlines how the LCYDC will implement the Agency’s approach to preventing, detecting, and responding to sexual abuse or sexual harassment; includes definitions of prohibited behaviors; includes sanctions for those found to have participated in such behaviors; and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

DYS Policy 13.8.1 outlines the requirement to have a PREA Compliance Manager. An interview with the compliance manager revealed that she does have sufficient time to oversee the facility’s PREA compliance efforts and to perform other duties. Designated DYS Compliance coordinator provides over site for facility compliance. The Agency PREA Coordinator is involved with PREA decisions and implementation at the highest level of the Agency. Additionally, the PREA policy is structured by subject matter and includes references to the PREA Juvenile Standards established by the U.S. Department of Justice, thereby allowing the reader of the policy to discover relevant policy provisions by topic corresponding to each PREA Juvenile Standard.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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corrective actions taken by the facility.

Policies:

- Written Policies and Procedures 13.8.1 (a)-1 p. 1, 2
- Contract with DYS (a)-1

Supporting Documentation:

- PREA Form 115.312 Contract Private Provider Receipt of PREA

Interviews:

- Agency PREA Coordinator

Conclusion:

New contracts or contract renewals with public and private entities for the confinement of residents include the entity's obligation to adopt and comply with PREA standards. Contract language is as follows, "Contractor will comply with the Prison Rape Elimination Act of 2003 (Federal Law 42 U.S.C. 15601 ET. Seq.) and with all PREA standards, Alabama DYS Policies related to PREA Standards related to PREA for preventing, detecting, monitoring, investigating and eradicating any form of sexual abuse within Alabama DYS Facilities/Programs/Offices owned, operated or contracted. Contractor acknowledges that in addition to "self-monitoring requirements" the Alabama DYS will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and DYS Policies may result in termination of the contract."

Lee County Youth Development Center has renewed contract with the Alabama Department of Youth Services for the confinement of youth since the last PREA audit. The policy has the necessary language to address the requirement of adding PREA language and ensuring that all contractors understand this requirement. There are 3 contracts with Lee County Youth Development for the confinement of juveniles.

Standard 115.313 Supervision and monitoring

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

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Policy:

- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault (a)-1 & (c)-1-3, p. 25-26, s. XVIII, subs. A&D (e)-1-4, p. 26, subs. XVIII, subs. B&C ○

Supporting Documentation:

- Staffing Pattern
- Complete Facility Staff Work Schedules
- Daily Population Report
- Facility Vulnerability Assessment
- Facility Roster
- Group Counseling Schedule
- Facility Activity Schedule (all dorms)

- Annual Survey of Sexual Victimization
- Security County of Affidavit (b-1)
- PREA Form 115.113 Supervisory Monitoring Log (e)-1, (e)-2, (e) -3, (e)-4
- Annual Review of Staffing, Monitoring Technology and Facility Resources (d)-1

Interviews:

- Facility Director
- Agency PREA Coordinator
- Facility PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff

Conclusion:

Lee County Manual mandates a 1:8 staff to resident ratio during wake hours and a 1:16 staff to resident ratio during sleep hours. The staffing plan is based on the facilities rated capacity of 32 beds. The facility did not deviate from its staffing plan in the past 12 months. The facility’s staffing plan and documentation of the annual review was reviewed and found to be in compliance with this standard.

LCYDC utilizes direct staff supervision to protect residents from sexual abuse and harassment. Administrative staff conducts and document unannounced rounds on all shifts for the maintenance of a safe environment. The unannounced rounds cover all shifts and all areas of the Facility. At least two unannounced rounds are conducted per month. Staff are prohibited from alerting other staff of such rounds. All unannounced rounds are documented using the Unannounced PREA Rounds form.

Standard 115.315 Limits to cross-gender viewing and searches

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

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Policy:

- DYS Policy 9.10 Searches
- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault
- DYS Policy 13.14 Staff Conduct with DYS Juveniles of the Opposite Sex

Supporting Documentation:

- PREA Form 115.315 Cross-gender Strip Searches (c)-1
- PREA Form 115.315 Cross-gender Visual Body Cavity Searches (c)-1
- DYS Form 115.315 Cross Gender Pat-down Searches
- Shift Duty Assignments
- Medical Reports
- Visual Observation
- Staff/Juvenile Interviews

Interviews:

- Random Sample of Staff
- Random Sample of Residents

- Transgendered and Intersex Residents

No residents identified as transgender male, transgender female or intersex during the on-site audit.

Conclusion:

There are no cross gender searches of residents by staff. Resident interviews also confirmed that staff respect their privacy during dressing, showering, and normal bodily functions. This practice is mandated by policy. It is also mandated that staff of the opposite sex announce their presence when entering housing units.

Facility non-medical or medical staff do 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 a conversation with the resident or if necessary, by learning that information as a part of a broader medical examination conducted in private by a medical practitioner.

The gender of the staff member searching a transgender or intersex resident is determined on a case-by case basis and takes in to consideration the gender expression of the resident.

No cross-gender, transgender or intersex resident searches have occurred within the twelve-month audit period.

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

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

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

Policy:

- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault (a)-1, p. 10, s. III, subs. D,1
(c)-1. P. 10, s. III, subs. D, 2

Supporting Documentation:

- PREA Form 115.333 Juvenile Receipt of PREA
- Access To Interpreter (a)-1
- PREA Form 115.333LF (a)-1
- PREA Form 115.333S (a)-1

Interviews:

- Agency Head Designee (Agency PREA Coordinator)
- Disabled and Limited English Proficient Residents
No residents were identified as having a disability or being limited English proficient during the on-site audit.
- Random Sample of Staff

Conclusion:

Residents who are limited English proficient, deaf or disabled report sexual abuse directly to staff, using interpretive services. Age-appropriate information, in both English and Spanish, is available so all residents 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. No resident interpreters, resident readers, or other types of resident assistants were used in relation to allegations of sexual abuse or sexual harassment during the twelve-month audit period. Lee County Youth Development Center has an MOU with Opelika/Auburn School board to ensure effective communication with residents with disabilities and residents who are limited

English proficient.

Standard 115.317 Hiring and promotion decisions

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

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Policy:

- Written Policy and Procedures 13.8.1 (a)-1, p. 7, s.II, subss. A-B
(e)-1, pp. 7-8 s. II, subs. D

Supporting Documentation:

- o Verification of Backgrounds completed on all staff.
- o Child Abuse Registry Checks (c)-1
- o Staff Interviews
- o DYS Form 115.317 PREA Employee Questionnaire (a)-1

Interviews:

- o Administrative (Human Resources) Staff
- o Rape Counselors of East Alabama, Inc.

Conclusion:

Applicants for positions with contact with residents are disqualified from employment if they have any convictions for sexual abuse in a prison, jail, secure community placement or juvenile facility; any convictions for engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion; or in the absence of a conviction, any civil or administrative findings that the applicant engaged in any activity described above. LCYDC asks applicants about the disqualifications for employment via the Background Checklist form. Material omissions or providing false information can lead to termination. All staff are mandated to report to administration any new allegations or charges of sexual harassment or sexual abuse.

LCYDC does not hire or promote anyone who has been found guilty of sexual abuse, sexual misconduct, or sexual harassment. All new hires, contractors and employees being considered for promotion undergo a criminal background records check. Human resource staff interviews confirmed this practice. During the past year 0 new employees were hired and a background check was completed.

Standard 115.318 Upgrades to facilities and technologies

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

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

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

Policies:

- Written Policy and Procedures 13.8.1 (a)-1, p.29, s. XXIV, subss. A-B

Supporting Documentation:

- Surveillance System Schematic
- Visual Observation

Conclusion:

LCYDC does utilize a state of the art video monitoring system/electronic surveillance system. With regards to video monitoring, electronic surveillance, or other monitoring technology, staff supervision is foremost in protecting residents. Cameras augment staff supervision by providing for monitoring and reviewing incidents. Monitoring equipment has been upgraded to include audio in all common areas of the program. The monitoring equipment is strategically placed throughout each building with the exception to bedrooms and bathrooms. The system is monitored by the Agency Surveillance and Security Manager. Directors also have privilege of reviewing monitoring equipment. In the event a report is made, the alleged report is reviewed and investigated and recorded on a flash drive for further needs or review.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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Policy:

- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault
- National Protocol For Sexual Assault
- Memo of Understanding with Child Advocacy Center (d)-2
- Memo of Understanding with Local Law Enforcement for Criminal Investigations (f) -1

Supporting Documentation:

- PREA Form 115.321 Victim Advocate Receipt of PREA
- PREA Form 115.321.1 PREA Confidentiality and the DYS Victim Advocate
- Child Advocacy Center Victim Advocate
- Credentials for Criminal Investigators

Interviews:

- PREA Compliance Manager
- Random Sample of Staff
- DYS PREA Compliance Manager
- Rape Counselors of East Alabama, Inc.

Conclusion:

Lee County Youth Development Center does conduct its own administrative investigations of sexual abuse or harassment. Criminal sexual abuse investigations are conducted by the Opelika Police Department. All forensics are completed by a local

hospital (EAMC). This service is provided at no cost to residents as outlined by policy. There have been no forensic examinations in the last 12 months. Rape Counselors of East Alabama provide a trained SANE nurse for sexual assault victims. When a sexual assault forensic examiner or a sexual assault nurse examiner is not available, a qualified medical practitioner will perform the forensic examination. EAMC coordinates all services required by a youth after an incident. There are also qualified staff members at the facility that can provide crisis intervention if requested by the resident in addition to outside providers. A youth may elect to refuse medical treatment after an incident of sexual abuse/assault.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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Policy:

- Policy and Procedures 13.8.1 (a)-1, (b)-1, pp. 19-21, s. XIII, subss. 1-16
- PREA Form 115.371 Process for Investigating Sexual Assaults

Supporting Documentation:

- Administrative Investigation
- Referrals to Law Enforcement for Criminal Investigation

Interviews:

- Agency Head Designee
- PREA Compliance Manager
- DYS PREA Compliance Manager
- Opelika City Police Department Staff

Conclusion:

The PREA policy ensures that all allegations of abuse that occur are referred to Opelika Police Department and Lee County Youth Development Center staff will cooperate fully with the investigations. In the past twelve months LCYDC received zero allegations of sexual abuse or sexual harassment. An MOU was verified by auditor.

Standard 115.331 Employee training

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

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Policy:

- DYS Policy 13.16 Child Abuse Reporting
- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault (a)-1, pp. 4-5, s. I, subs. A, 1-4
- Code of Alabama 1975 Section 26-14-3
- Proposed Employee Training Curriculum
 1. It's zero tolerance policy for sexual abuse and sexual harassment
 2. How to fulfill their responsibilities
 3. Juvenile's rights from sexual abuse
 4. The right of juveniles and employees to be free from retaliation
 5. The dynamics of sexual abuse and sexual harassment
 6. The common reactions of juvenile victims
 7. How to detect and respond to signs
 8. How to avoid inappropriate relationships with juveniles
 9. Communicating effectively and professionally with LGBTI juveniles
 10. How to comply with relevant laws relating to mandatory reporting
 11. Relevant laws regarding the applicable age of consent

Supporting Documentation:

- DYS Form 115.331 Staff Confirmation of receipt of PREA
- DYS Pamphlet 115.331 What Staff Should Know About Sexual Misconduct with Juveniles
- Staff Annual Training Record

Conclusion:

The PREA training is comprehensive and covers all of the key areas referenced in the standard: zero tolerance policy; sexual abuse and sexual harassment prevention, detection, response and reporting; the dynamics of sexual harassment and sexual assault; how to avoid inappropriate relationships with residents; and how to detect and respond to signs of threatened and actual sexual abuse. PREA training is provided annually and staff training rosters are maintained. All staff received PREA training during this reporting period. Staff that have contact with youth receive refresher training on PREA requirements annually.

Standard 115.332 Volunteer and contractor training

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

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

Policy:

- DYS Policy 4.3.1 Sexual Abuse/Assault/Harassment Training
- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault ***(a)-1, pp. 6-7, s. I, subs. E,1-4**
- Proposed Volunteer and Contractor Training Curriculum ***(a)-1, p. 6**

Supporting Documents:

- DYS Form 115.332 Volunteer and Contractor Receipt of PREA
- DYS Form 115.311 PREA Fact Sheet

Interviews:

- PREA Compliance Manager
- Director
- Human Resources Manager
- Volunteers

Conclusion:

All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed how to report such incidents. Every volunteer and contractor sign acknowledgement forms indicating having received this training, In the past twelve months LCYDC has had 5 volunteer or contractors to train in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.

Standard 115.333 Resident education

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

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Policy:

- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault ***(c)-3, pp. 9-10, s. III, subss. A-G**
***(d)-1, p. 10, s. III, subss. D, 1-2**
- DYS Policy 17.1 Reception and Orientation ***(d)-1, p. 5, s. III, subs. 16, g**
(limited English proficient, deaf, visually impaired, otherwise disabled and limited reading skills)

Supporting Documentation:

- Juvenile Handbook Orientation on Sexual Assault
- DYS Pamphlet 115.333 What You Should Know About Sexual Abuse and Assault
- DYS Form 115.333.1 Juvenile Receipt of PREA
- DYS Form 115.333.2 DYS Youth Safety Guide
- DYS Power Point Presentation 115.333 Sexual Assault in the Juvenile Corrections Setting
- DYS Power Point Presentation 115.333.1 PREA Facts Every Juvenile Should Know
- PREA Pamphlet 115.333LF ***(d)-1 (limited reading skills)**
- PREA Pamphlet 115.333S ***(d)-1 (limited English proficient- Spanish)**
- Visual Observation
- Posters and other Visual Aides
- Access to Interpreters ***(d)-1 (limited English proficient, deaf, visually impaired, otherwise disabled and limited reading skills)**

Interviews:

- Admission Staff
- Random Sample of Residents

Conclusion:

LCYDC residents are informed of the Agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. This information is provided at admission. The residents receive a PREA admission flyer. They sign the PREA Youth Acknowledgement Statement, confirming they have received PREA education. In the past twelve months 464 new admissions received information immediately after admission regarding the facilities zero tolerance policy and how to report sexual abuse and harassment.

Within 72 hours of admission, the facility provides comprehensive age-appropriate orientation to youth, with the staff advising youth of the right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents, and regarding Agency policies and procedures for responding to such incidents.

The Agency provides 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. Residents are provided a handout. Documentation of residents signatures were reviewed and confirmed during resident interviews. All residents must sign DYS Form 115.333.1 Juvenile Receipt of PREA.

Posters are located throughout the Facility. They provide important contact information for the Alabama DYS Sexual Assault hotline and victim advocate services.

Standard 115.334 Specialized training: Investigations

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

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Policy:

- o Written Policy and Procedures 13.8.1 ***(a)-1, p.5, s. I, subs. B, subss.1-3**

Supporting Documentation:

- o DYS Form 115.334 DYS Investigator Receipt of PREA
- o Certification of Criminal Investigators
- o Department of Mental Health Investigative Training Certificates
- o MOU with Local Law enforcement including training and certifications

Interviews:

- o Opelika Police Department Staff

Conclusion:

General training provided to all employees pursuant to 115.331, investigators receive training in conducting investigations in confinement settings to include: Techniques for interviewing juvenile sexual abuse victims, Sexual abuse evidence collection in confinement settings, Criteria and evidence required to substantiate a case for administrative action or prosecution referral. PREA Coordinator has received specialized investigative training.

Standard 115.335 Specialized training: Medical and mental health care

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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Policies:

- o Written Policy and Procedures 12.11
- o Written Policy and Procedures 13.8.1*(a)-1, pp. 5-6, s. I, subs. C,1-4
*(c)-1, p. 6, s. I, subs. C, 3-4

Supporting Documentation:

- o Nurse Certification/Licenses
- o PREA Form 115.335 Medical and Mental Health Receipt of PREA
- o PREA Form 115.335.1 DYS Contract Medical and Mental Health Receipt of PREA
- o Training Records of Medical and Mental Health Practitioners
- o Rape Counselors of East Alabama, Inc. Memorandum of Understanding
- o Discharge Notes

Interviews:

- o PREA Compliance Manager
- o Director of Nursing

Conclusion:

Policy require PREA training and specialized training for medical and mental health staff. Documentation of specialized training for mental health staff was reviewed and confirmed by auditor. Forensic examinations are not conducted onsite. LCYDC has an MOU with EAMC to conduct forensic sexual assault medical exams. Nurse position was vacant at time of audit.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Policy:

- o DYS Policy 13.8.1 Protection from Sexual Abuse and Assault *(a)-1, pp. 11-12, s. IV, subs. A,1-12
*(a)-2, p. 11, s. IV, subs. A
*(a)-4, pp. 12-13, s. IV, subs. H

Supporting Documentation:

- DYS Form 115.341 Intake Screening for Assaultive Sexual Aggressive Behavior and Risk for Sexual Victimization (a)-1, (b)-1
- DYS Form 115.341.1 PREA Risk Reassessment (a)-4
- DYS Form 115.341.2 Guidelines for PREA Shared Information
- Staff/Juvenile Interviews
- Inappropriate Sexualized Behaviors Risk Assessment
- High Risk Notification Alert Sheet

Interviews:

- Facility PREA Compliance Manager
- Staff Responsible for Risk Screening
- Random Samples of Residents

Conclusion:

During the last 12 months 450 youth have been screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. The policy limits staff access to this information on a "need to know basis". The PREA Screening Report ascertains: prior victimization; and gender nonconforming appearance or manner or identification as LGBTI, and whether the resident may therefore be vulnerable to sexual abuse; current changes and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness and disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Resident and staff interviews and review of document confirms the use of this instrument. Auditor made a recommendation to provide additional security for youth confidential information. This suggestion of reducing staff access to files was implemented prior to end of site visit.

Standard 115.342 Use of screening information

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

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

Policy:

- DYS Policy 13.1 Nondiscrimination for Students
- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault
 - *(a)-1, pp. 13-14, s. VI, subs. A**
 - *(b)-1, p. 14, s. VI, subs. B**
 - *(b)-2, p. 14, s. VI, subs. B**
 - *(c)-1, p. 14, s. VI, subs. C**
 - *(c)-2, p. 14, s. VI, subs. C**
 - *(i)-1, p. 14, s. VI, subs. B**

Supporting Documentation:

- DYS Form 115.342 Housing Unit Placement Form

- DYS Form 115.342.1 Isolation Activity Log
- Juvenile Interviews
- Health Screening

Interviews:

- Facility Director
- PREA Coordinator
- PREA Compliance Manager
- Staff Responsible for Risk Screening
- Medical Staff
- LGBTI Residents

No residents identified as LGBTI during the on-site audit.

Conclusion:

Lee County Youth Development Center does not use isolation. There have been zero residents placed in isolation in the last 12 months because of victimization. PREA policy states that housing and program assignments are based on treatment needs. Housing, bed, program, education and work assignments are based on the PREA Screening Report. LGBTI residents are not placed in particular housing, bed, program, education and work assignments. Their identification or status is not considered as an indicator of likelihood of being sexually abused. Residents who may be determined to be at risk for sexual victimization will be protected by adjusting housing, bed, program and education assignments. If a risk screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community the resident is offered a follow-up meeting with a medical or mental health practitioner within 72 hours.

Standard 115.351 Resident reporting

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

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

Policy:

- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault
 - ***(a)-1, p. 16, s. VIII, subs. C**
 - ***(b)-2, p. 16, s. VIII, subs. I**
 - ***(c)-1, p. 16, s. VIII, subs. F**
 - ***(c)-2, p. 16, s. VIII, subs. G**
 - ***(e)-1, p. 16, s. VIII, subs. G**
- Written Policy and Procedures 1.28 ***(a)-1, pp. 7-9, s. III, subss. E,1-14**
***(d)-1, pp. 4-5, s. III, subss. C, 1-6**
- Juvenile Handbook

Supporting Documentation:

- DYS Form 115.351 Alabama Hotline Message
- DYS Form 115.333.1 Juvenile Receipt of PREA

- DYS Form 115.354 Third Party Reporting
- DYS Form 1.28 DYS Youth Grievance Form
- Poster: 5 Ways of Reporting
- Juvenile Report Abuse or Harassment to a Public or Private Entity or Office
- Staff and Juvenile Interviews

Interviews:

- PREA Compliance Manager
- Random Sample of Staff
- Random Sample of Residents
- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

The comprehensive PREA Policy requires staff to report immediately all allegations of sexual abuse to the supervisor. Interviews revealed that staff members are aware that they are mandated reporters and that they are to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties, according to policy and the PREA training. Agency policies dictate multi-ways for residents to report sexual abuse and harassment including a Child Abuse and neglect hotline to an outside agency, They may report to any staff or family member. Various ways for staff to privately report are also outlined in the policy. Residents interviews verify that youth will advise staff of the need to utilize sexual assault hotline and access is permitted. Staff do not question youth regarding request. A dedicated line is available for hotline.

Standard 115.352 Exhaustion of administrative remedies

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

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

Policy:

- DYS Policy 13.1 Youth Grievance Process
- DYS Policy 13.8.1 Protection from Sexual Abuse and Assault

***(a)-1 pp. 7-10, s. E. subs. 1-14*(c)-1&2, p. 7, s. E, subs. 4*(d)-1, p. 8, s. E, subs. 5-6*(e)-1, p. 8, s. E, subs. 9-10 *(e)-2, p. 9, s. E, subs.11 *(e)-3, p. 9, s. E, subs., 12 *(f)-1, p. 9, s. E, subss. 13-14 *(f)-2, p. 9, s. E, subs. 14 *(f)-5, p. 9, s. E, subss. 14 *(g)-1, p. 10, s. F**

Supporting Documentation:

- Juvenile Grievance and Response
- DYS Form 115.333.1 Juvenile Receipt of PREA
- DYS Form 115.354 Third Party Reporting
- Entrance Letter to Parents

Interviews:

- Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

Agency does have administrative procedures to address resident grievances regarding sexual abuse. Residents may put a written complaint in the designated PREA box in their living area. LCYDC permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filling grievances and appeals. These same individuals may file a grievance on behalf of a resident. If a resident declines to have a grievance processed on their behalf, the decision is documented. A parent or legal guardian may file a grievance although the resident has declined. No grievances alleging sexual abuse were filed within the twelve-month audit period. There is no informal resolution for grievances filed regarding sexual abuse/harassment . No time limit to file a sexual abuse grievance.

Standard 115.353 Resident access to outside confidential support services

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

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

Policy:

- Protection from Sexual Abuse and Assault
***(a)-1, p. 25, s. XVII, subs. A**
***(d)-1, p. 25, s. XVII, subs. D**
***(d)-2, p. 25, s. XVII, subs. D**

DYS Policy 13.8.1

Supporting Documentation:

- o Memorandum of Agreement with Rape Counselors of East Alabama, Inc.
- o Examples of Posters
- o DYS Form 115.351 Alabama PREA Hotline Message
- o Juvenile Handbook
- o PREA Form 115.333 Juvenile Receipt of PREA
- o Important Numbers for Juveniles to Report Sexual Abuse
- o Access to Outside Support Services (ADAP)

Interviews:

- o Facility Director
- o PREA Compliance Manager
- o DYS PREA Compliance Manager
- o Sexual Assault Unit Staff
- o Random Sample of Residents
- o Residents who Reported a Sexual Abuse
No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

LCYDC provides through the Alabama PREA hotline and Rape Counselors of East Alabama residents with access to outside victim advocacy services. A range of services are provided by the agency to include emotional support and advocacy. The residents are informed, in advance, about the limits of confidentiality that apply to the victim advocacy services. Youth will have access to further assessment, specialized mental health treatment and advocacy services. Referral will be made by hospital staff, or Clinical Director.

Standard 115.354 Third-party reporting

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

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

Policy:

- o DYS Policy 13.8.1 Protection from Sexual Abuse and Assault (a)-1, p. 16, s. VIII, subss. E-F

Supporting Documentation:

- o DYS Form 115.354 Alabama PREA Third Party Reporting Form

Interviews:

- o Random Youth
- o Random Staff
- o PREA Compliance Manager

Conclusion:

The PREA policy states that third parties include fellow residents, staff members, family members, attorneys and outside advocates and they may assist residents in obtaining administrative remedies relating to allegations of sexual abuse. Residents are provided information during orientation which states that allegations of sexual abuse of a resident may be made by contacting identified staff or that a report can be made through DYS Sexual Assault Hotline and includes the phone number.

Standard 115.361 Staff and agency reporting duties

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

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

corrective actions taken by the facility.

Policy:

- Written Policy and Procedures 1.29 ***(a)-1, p. 4, s. A, subss. 1-2**
- Written Policy and Procedures 13.8.1 ***(a)-1, p. 16, s. VIII, subs. H**
***(b)-1, p. 17, s. X, subs. D**
- Written Policy and Procedures 13.16 ***(b)-1, p. 2, s. E**
- Code of Alabama: 26-14-3. Mandatory reporting

Supporting Documentation:

- DYS Form 8.12 Critical Incident Report
- Anonymous Reports
- PREA Form 115.331 Staff Receipt of PREA
- PREA Form 115.354 Third Party Reporting
- Confirmation of Parent/Attorney/ Guardian Notification
- Medical Consent
- PREA Form 115.381 Consent to Treatment
- PREA Form 115.341.2 Guidelines for PREA Shared Information
- DHR-FCS-1593 Child Abuse Reporting Form

Interviews:

- Facility Director
- PREA Compliance Manager
- Random Staff Interviews

Conclusion:

LCYDC requires all staff, volunteers, interns, or contractors to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the Facility; retaliation against a resident or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Medical and mental health staff are required to inform the residents at the initiation of services of their duty to report and the limitations of confidentiality. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Opelika Police Department. Random staff interviews also helped to verify the facility's compliance with this standard.

Standard 115.362 Agency protection duties

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

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

Policy:

- DYS Written Policy and Procedures 13.8.1 ***(a)-1, p. 13, s. V**

Supporting Documentation:

- DYS Form 8.12 Critical Incident Form
- PREA Form 115.342 Housing Unit Placement Form
- PREA Form 115.342.1 Isolation Activity Log

Interviews:

- Agency Head Designee (Agency PREA Coordinator)
- Facility Director
- Random Sample of Staff

Conclusion:

When the agency or facility learns that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect resident. PREA Form 115.342 Housing Unit Placement Form: Should a therapist or the Clinical Director identify a youth who requires special housing, this information shall be forwarded to the Program Coordinator for disposition and appropriate room assignment and monitoring by the Direct care Staff/Residential Management Team. Should a housing recommendation be impossible to accommodate due to lack of available beds, LCYDC will create and implement a written safety plan to insure proper supervision of the resident in question. This plan is shared with management and residential staff and a copy is placed in the resident's hard chart and in the unit manager's office. LCYDC has had no occurrence of Housing Unit Placement Based on Risk of Imminent Sexual Abuse.

Standard 115.363 Reporting to other confinement facilities

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

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

Policy:

- Written Policy and Procedures 13.8.1
***(a)-1,2, pp. 18-19, S. XI, subss. A-D**
***(d)-1, p. 19, S. XI, subs. C**

Supporting Documentation:

- PREA Form 115.363 Reporting to Other Confinement Facilities

Interviews:

- Director

Conclusion:

There have been no reports from other facilities related to sexual abuse or harassment of a resident placed at LCYDC. Agency policy serves as the guide should the event ever occur. Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency using PREA form 115.363 Reporting to Other Confinement Facilities.

Standard 115.364 Staff first responder duties

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

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

Policy:

- Written Policy and Procedures 13.8.1
***(a)-1, p. 19, s. XII, subss. 1-5**

Supporting Documentation:

- PREA Form 115.331 Staff Receipt of PREA
- PREA Form 115.364 First Responder Checklist
- PREA Form 115.364.1 First Responder Guidelines for Sexual Assault

Interviews:

- Director
- PREA Compliance Manager
- Random Staff

Conclusion:

The auditor reviewed the agency protocol for “staff first responder duties”. All areas were covered to include duties for security and non-security staff members. There have been 0 allegations that a resident was sexually abused within the last 12 months. Random staff interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.

Standard 115.365 Coordinated response

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

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

Policy:

- Written Institutional Plan

Supporting Documentation:

- Staff Interviews

Interviews:

- Director
- Random Staff

Conclusion:

The Facility Director confirmed LCYDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Director or designee must immediately contact the Opelika Police Department. Staff interviews and interview with Director indicate that staffs are aware of their responsibilities to coordinate responses within the facility.

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

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

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

Policies:

- Written Policy and Procedures 13.8.1 ***(a) 1 p.17, s. X. subs. B,5**

Supporting Documentation:

- Notification Letter
- Administrative Leave Letter

Conclusion:

N/A Lee County Youth Development Center does not maintain any collective bargaining agreements.

Standard 115.367 Agency protection against retaliation

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

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

corrective actions taken by the facility.

Policy:

- Written Policy and Procedures 13.8.1 ***(a)-1, p. 22-23, s. XV, subss. A-G**

Supporting Documentation:

- PREA Form 115.342 Housing Unit Placement Form
- PREA Form 115.367 Protections Against Retaliation
- Treatment Notes
- PREA form 115.171 Investigative Outcome

Interviews:

- PREA Compliance Manager
- Director
- Designated Staff Members Charged with Monitoring for Retaliation

Conclusion:

DYS Policy 13.8.1 requires Director, PREA Compliance Manager and other Supervisors to take immediate actions to ensure residents alleging sexual abuse or sexual harassment, or staff reporting, are not victims of any form of retaliation. This facility does not use isolation. A safety plan would be developed. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of juveniles or staff who reported the sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff utilizing PREA Form 115.367 Protections Against Retaliation, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any juvenile disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of juveniles, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Lee County Youth Development Center has had no occurrence of a need for Protections Against Retaliation.

Standard 115.368 Post-allegation protective custody

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

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

Policies:

- Written Policy and Procedures 13.8.1 ***(a)-1, p. 14, s. VI, subs. B**

Supporting Documentation:

- PREA Form 115.342 Housing Unit Placement Form
- PREA Form 115.342.1 Isolation Activity Log

Conclusion:

LCYDC does not use segregated housing to protect a resident who is alleged to have suffered sexual abuse. A new Housing Unit Placement Form 115.342 will be completed after an alleged victim returns from emergency medical treatment. The Director or designee, in consultation with the Designated Health Authority, will make a final decision regarding housing placement for the alleged victim. The safety, security, and well-being of the alleged victim will be primary in these decisions. The alleged victim will not be housed in the same area as the alleged perpetrator. LCYDC has had no occurrence of Isolation of a juvenile who is alleged to have suffered sexual abuse. No occurrence of a Housing Unit Placement of a juvenile who is alleged to have suffered sexual abuse.

Standard 115.371 Criminal and administrative agency investigations

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

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

Policy:

- Written Policy and Procedures 13.8.1 ***(a)-1, pp. 19-21, s. XIII, subss. 1-16**
- Records Retention Schedule ***(j)-1, p. 20-21, s. XIII, subs. 11**

Supporting Documentation:

- PREA Form 115.371 Process for Investigating Sexual Assault Allegation
- PREA form 115.371.1 Investigative Outcome
- Credentials for Investigators
- Agreement with local police department
- Staff/Juvenile Interviews

Conclusion:

LCYDC refers all allegations of sexual abuse to Opelika Police Department . Policy states that LCYDC will fully cooperate with the investigations. LCYDC staff will be informed by police department of the outcome of the investigation an investigation is not terminated solely because the source of the investigation recants the allegation.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Policy:

- Written Policy and Procedures 1.29
- Written Policy and Procedures 13.8.1
- Work Rules of State Personnel
- Written Policy and Procedures 13.8.1 ***(a)-1, p. 21, s. XIII, subs. 16**

Supporting Documentation:

- Dismissal Letter from Director

Conclusion:

LCYDC does not perform criminal investigations. All investigations are completed by the Opelika Police Department. A report of child abuse by the alleged perpetrator may be classified as “substantiated” if there is preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse. Refer to DYS Policy 13.8.1.

During the period from June 1, 2016 through June 1, 2017, there was no occurrence of dismissal from Director.

Standard 115.373 Reporting to residents

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

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

Policy:

- Policy and Procedures 1.29
 - Written Policy and Procedures 13.8.1
- *(a)-1, p. 21, s. XIV, subss. A-C *(b)-1, p. 21, s. XIV, subs. D *(c)-1, pp. 21-22, s. XIV, subs. A and E *(e)-1, p. 21, s. XIV, subs. B**

Supporting Documentation:

- PREA Form 115.371 Process for Investigating Sexual Assaults
- PREA Form 115.373 Juvenile Notification of Investigative Outcome ***(a)-1**

Interviews:

- PREA Compliance Manager

Conclusion:

There have been 0 notifications to resident that were made pursuant to this standard within the last 12 months. All elements of the standard are found in the above identified policies.

Standard 115.376 Disciplinary sanctions for staff

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

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

Policy:

- Written Policy and Procedures 1.29 ***(a)-1, p. 6, s. G, subs. 5, and s. H**
- Written Policy and Procedures 13.8.1 ***(a)-1, p. 1, ¶ 3**
***(a)-1, p. 26-27, s. XX, subss. A-D**

Supporting Documentation:

- Disciplinary Sanctions for Sexual Misconduct
- Letter of Termination

Interviews:

Conclusion:

The PREA policy states that engaging in behavior prohibited by the zero tolerance policy will result in disciplinary action up to and including termination and/or criminal charges. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of acts committed, a staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Policy:

- Written Policy and Procedures 13.8.1 ***(a)-1, p. 28, s. XXII**

Supporting Documentation:

- PREA Form 115.332 Volunteer and Contractor Receipt of PREA
- DYS Form 8.12 Critical Incident Report
- Reports to Law Enforcement

Interviews:

- Director

Conclusion:

LCYDC 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. Lee County Youth Development Center 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.

No contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents within the twelve-month audit period.

Standard 115.378 Disciplinary sanctions for residents

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

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

Policies:

- Written Policy and Procedures 13.8.1 ***(a)-1, pp. 27-28, s. XXI, subss. A-G**
- Juvenile Handbook (Page 10)

Supporting Documentation:

- DYS Form 8.12 Critical Incident Report
- DYS Form 8.12.1 Critical Incident Initial Debriefing
- DYS Form 8.12.2 Critical Incident Two Week Follow-up Debriefing Report
- Student Disciplinary Report
- Student Disciplinary Hearing Report
- PREA Form 115.342 Housing Unit Placement Form
- Crisis Intervention Treatment Notes
- PREA Form 115.371.1 Investigative Outcome

Interviews:

- Facility Director
- PREA Compliance Manager

Conclusion:

LCYDC residents may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Any disciplinary sanctions are 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.

The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

If the Facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the Facility would offer the offending resident participation in such interventions. The Agency does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Participation is not required for access to general programming or education. The Director of The Office of Investigations will refer youth for criminal prosecution when appropriate. The Agency will discipline a resident for sexual contact with staff only upon finding the staff member did not consent to such contact. Isolation is not used as a disciplinary measure for resident-on-resident sexual abuse.

The Facility prohibits disciplinary action for a youth reporting 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.

LCYDC/DYS has a zero-tolerance policy toward all sexual activity between residents and may discipline residents for such activity. The Agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. LCYDC does not utilize isolation.

There have been no administrative or criminal findings of resident-on resident sexual abuse at the Facility within the twelve month audit period.

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

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

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

Policy:

- Written Policy and Procedures 13.8.1 ***(a)-1, pp. 11-13. s. IV, subs. I**
- Code of Alabama

Supporting Documentation:

- PREA Form 115.341 Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Sexual Victimization
- Treatment Notes
- DYS Form 115.381 Clinical Services Consent to Treatment
- PREA Form 115.381a Release of Information
- PREA Form 115.331 Staff Receipt of PREA

Interviews:

- Staff Responsible for Risk Screening
- Medical and Mental Health Staff
- Residents who Disclose Sexual Victimization at Risk Screening

No residents who disclosed sexual victimization during risk screening were present during the on-site audit.

Conclusion:

When a resident discloses prior sexual victimization during the intake screening, the resident is referred for medical and/or mental health services within 72 hours of the screening. If the screening indicates a resident has previously perpetrated sexual abuse, the resident will be offered a follow-up meeting with mental health services within 14 days of the intake screening.

Medical and mental health practitioners will obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in a facility setting, unless the youth is under the age of 18.

The information collected during the medical and mental health screening is strictly limited to informing security and making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by LCYDC policy and all other federal, state, and local laws.

No residents disclosed prior victimization during intake screening within the twelve-month audit period.

Standard 115.382 Access to emergency medical and mental health services

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

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

Policy:

- Written Policy and Procedures 13.8.1 ***(d)-1, p. 23, s. XVI subs. 4**

Supporting Documentation:

- Race Counselors of East Alabama, Inc. Memorandum of Agreement
- PREA Form 115.364 First Responder Checklist
- PREA Form 115.331 Staff Receipt of PREA
- PREA Form 115.321 Victim Advocate Receipt of PREA
- PREA Form 115.382 Patient Consent to Treatment Form
- Emergency Medical Treatment Notes
- Crisis Intervention Treatment Notes

Interviews:

- Medical and Mental Health Staff
- Security Staff and Non-Security Staff First Responders
- Residents who Reported a Sexual Abuse

No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

The Director ensures resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care,

where medically appropriate.

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 and shall immediately notify the appropriate medical and mental health practitioners. In instances of an allegation of sexual assault within a 72 hour time frame, the resident will be taken to the emergency room for a forensic examination and STD testing. Treatment services are provided to victims at no financial cost. No resident victims of sexual abuse required emergency medical or mental health services within the twelve-month audit period. Hospital notifies sexual assault unit, all needed services would be coordinated through sexual assault unit.

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

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

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

Policy:

- Written Policy and Procedures 13.8.1 ***(a)-1, pp. 23-25, s. XVI. subss. A-B**

Supporting Documentation:

- Medical Mental Health Records
- Treatment Notes
- Test Results
- Memorandum of Understanding with Race Counselors of East Alabama, Inc.
- Mental Health Status Evaluation

Interviews:

- Medical and Mental Health Staff
 - DYS Sexual Assault Unit Staff
 - Residents who Reported a Sexual Abuse
- No residents who reported a sexual abuse were present during the on-site audit.

Conclusion:

The facility shall offer medical and mental health evaluations and appropriate treatment in adherence to PREA standards. Care is consistent with the community level of care. There have been no sexual assault victims in the past 12 months; however, if needed, procedures are in place as verified during medical staff interviews.

Standard 115.386 Sexual abuse incident reviews

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

- Does Not Meet Standard (requires corrective action)

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

Policy:

- Written Policy and Procedures 13.8.1 ***(a)-1, pp. 28-29, s. XXIII, subbs. 1-7**

Supporting Documentation:

- DYS Form 8.12 Critical Incident Report
- DYS Form 8.12.1 Critical Incident Initial Debriefing
- DYS Form 8.12.2 Critical Incident Two-Week Follow-up Debriefing
- PREA Form 115.386 Sexual Abuse Critical Incident Review

Interviews:

- Facility Director
- Facility PREA Compliance Manager

Conclusion:

There have not been any criminal investigations conducted in the last 12 months. The before mentioned policies would guide staff through review process.

Standard 115.387 Data collection

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

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

Policy:

- Written Policy and Procedures 13.8.1 ***(a)-1, pp. 29-30, s. XXV. subbs. A-E**

Supporting Documentation:

- U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile)
- Annual Survey of Sexual Violence
- Annual Data Review

Conclusion:

LCYDC collects accurate, uniform data for all allegations of sexual abuse and sexual harassment using the U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile). The Agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Standard 115.388 Data review for corrective action

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

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

Policies:

- o Written Policy and Procedures 13.8.1 ***(a)-1, p. 30, s. XXVI, subss. A-D**

Supporting Documentation:

- o DYS Form 8.12.1 Critical Incident Initial Debriefing
- o DYS Form 8.12.2 Critical Incident Two Week Follow-up Debriefing
- o Annual Data Review
- o Annual Facility PREA Report
- o Annual DYS PREA Report

Conclusion:

In compliance with PREA Standard §115.389, regarding publication of aggregated sexual abuse data, the Alabama Department of Youth Services (DYS)/Lee County Youth Development Center reports no incidents of Sexual Victimization on the 2015 U.S. Department of Justice Survey of Sexual Victimization. DYS/LCYDC continues to educate all staff, youth, contractors, and volunteers on PREA and the importance of protecting youth in confinement facilities from sexual abuse.

Standard 115.389 Data storage, publication, and destruction

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

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

Policy:

- Written Policy and Procedures 13.8.1 ***(a)-1&(b)-1, pp. 30-31, s. XXVII, subss. A-D**
- Records Retention Schedule ***(a)-1, p. 31, s. XXVII, subss. D**

Supporting Documentation:

- Annual PREA Report Published on DYS Website

Interviews:

- o Agency Head Designee (Agency PREA Coordinator)

- PREA Compliance Manager

Conclusion:

According to the PREA policy, the data will be gathered and reported at least annually as required and under the direction of DYS. The aggregate data will be reported to DYS as confirmed in the Survey of Sexual Violence Summary Form Spreadsheet. A review of the report identified that there are no personal identifiers on the document. The policy states that the data collected will be securely maintained according to the standard. Aggregated data can be obtained upon the request from Lee County Youth Development Center.

AUDITOR CERTIFICATION

I certify that:

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

Mable P. Wheeler

8/8/17

Auditor Signature

Date