

PREA Facility Audit Report: Final

Name of Facility: G. Ross Bell Youth Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/03/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Sharon Ray Shaver	Date of Signature: 08/03/2025

AUDITOR INFORMATION	
Auditor name:	Shaver, Sharon
Email:	sharonrshaver@gmail.com
Start Date of On-Site Audit:	06/17/2025
End Date of On-Site Audit:	06/18/2025

FACILITY INFORMATION	
Facility name:	G. Ross Bell Youth Detention Center
Facility physical address:	140 2nd Court North , Birmingham , Alabama - 35204
Facility mailing address:	140 2nd Court N, none, birmingham, Alabama - 35204

Primary Contact

Name:	Brandi Kristin Alexander
Email Address:	alexanderbr@jccal.org
Telephone Number:	3347171155

Superintendent/Director/Administrator	
Name:	Monique Grier
Email Address:	GrierM@jccal.org
Telephone Number:	205-516-9939

Facility PREA Compliance Manager	
Name:	Brandi Alexander
Email Address:	alexanderbr@jccal.org
Telephone Number:	205-325-5498 ext 301

Facility Health Service Administrator On-Site	
Name:	University of Alabama Birmingham--Children's Hospital
Email Address:	sbwallace@uabmc.edu
Telephone Number:	205.638.9345

Facility Characteristics	
Designed facility capacity:	80
Current population of facility:	43
Average daily population for the past 12 months:	43
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	10-21
Facility security levels/resident custody levels:	secure facility
Number of staff currently employed at the facility who may have contact with residents:	63
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	35

AGENCY INFORMATION	
Name of agency:	Jefferson County Commission
Governing authority or parent agency (if applicable):	
Physical Address:	120 2nd Court North, Birmingham, Alabama - 35204
Mailing Address:	
Telephone number:	2053255498

Agency Chief Executive Officer Information:	
Name:	Monique Grier

Email Address:	grierm@jccal.org
Telephone Number:	2053255498

Agency-Wide PREA Coordinator Information			
Name:	Juan Sepulveda	Email Address:	sepulvedaj@jccal.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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.

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.

Number of standards exceeded:

7	<ul style="list-style-type: none"> • 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.331 - Employee training • 115.333 - Resident education • 115.335 - Specialized training: Medical and mental health care • 115.341 - Obtaining information from residents • 115.367 - Agency protection against retaliation • 115.381 - Medical and mental health screenings; history of sexual abuse
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Number of standards met:

36

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-17
2. End date of the onsite portion of the audit:	2025-06-18

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
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Children's Hospital of Alabama d/b/a Children's Hospital Intervention and Prevention Services (CHIPS) Center; Crisis Center, Inc.; Premier Mental Health Services, LLC.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	80
15. Average daily population for the past 12 months:	43
16. Number of inmate/resident/detainee housing units:	7

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>47</p>
<p>25. 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:</p>	<p>0</p>
<p>26. 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:</p>	<p>11</p>
<p>27. 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:</p>	<p>0</p>
<p>28. 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:</p>	<p>0</p>

29. 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
30. 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
31. 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
32. 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
33. 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:	5
34. 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
35. 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	
36. 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:	63
37. 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:	11
38. 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:	23
39. 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:	JCYDC staff consists of security, administration and food service. Medical and mental health services are provided by the University Alabama Birmingham (UAB) Division of Adolescent Medicine and the Jefferson-Blount-St. Clair (JBS) Mental Health Authority; Education is provided by county services and has a daily presence. Physical plant maintenance is provided by county workers as needed.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected residents that met targeted categories and identified their current housing assignment. Then selected additional residents from each of the housing units, taking into consideration factors such as age, race, ethnicity, programming and/or education assignment, and length of time at the facility.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. 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):</p>	<p>The auditor met no barriers to completing interviews or ensuring representation.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>7</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>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability 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>Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, and interviews with management, medical, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>48. 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:</p>	<p>5</p>

<p>49. 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>Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, and interviews with management, medical, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>50. 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>Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, and interviews with management, medical, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>

<p>51. 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>Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, and interviews with management, medical, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>52. 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>53. 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>Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, and interviews with management, medical, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>54. 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>Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records and case files and interviews with management, medical, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>55. 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:</p>	<p>2</p>

<p>56. 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:</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>Based on information obtained from the PAQ, personal observations of residents during the site visit, review of resident file records, case files, and interviews with management, medical, and security staff the auditor saw no evidence to indicate this population existed in the facility at the time of the audit.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor oversampled residents with a cognitive impairment as there were no residents in the targeted categories of physical disability, placed in segregation, reported sexual abuse, transgender, LEP, blind, or hearing impaired.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>22</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Food Service Director, Accounting Assistant/ Mail Clerk; Teacher; Recreation Staff.
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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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.

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

72. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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73. 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
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74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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75. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The G. Ross Bell Jefferson County Youth Detention Center a.k.a. Jefferson County Youth Detention Center (JCYDC) is adjacent to Jefferson County Family Court at 140 2nd Court North in Birmingham. The 74,000 square-foot center houses up to eighty residents ages 9 to 18 years old. The center was built in 1990 and named for former Birmingham Recorder's Court Judge George Ross Bell. The Juvenile Justice Task Force, formed in 2018, supports the center by forging partnerships with community resources such as the UAB Division of Adolescent Medicine and the Jefferson-Blount-St. Clair Mental Health Authority to benefit youth in the program. The facility operates under regulation by the Alabama Department of Youth Services (DYS), and the governing authority is Jefferson County Commission. During the site review the auditor inspected all areas of the facility, including areas where residents are not allowed. The facility was clean and organized and staff were professional and courteous. Interactions between staff and residents appeared relaxed, yet structured and professional. The facility capacity is 80 including seven housing units, Alpha and Bravo (female), Charlie, Delta, Echo and Foxtrot (males), and two holding cells in the intake processing area. Alpha and Bravo are located on the North Wing and Charlie, Delta, Echo, and Foxtrot are located in the East Wing. Each Wing has its own recreation yard. The gym is located between the two recreation yards and is used on a rotating schedule by housing unit. All residents are housed in a room by themselves equipped with a toilet and sink. Residents are not allowed entry to the administration area and do not participate in work details, other than responsibilities for general cleaning within their room and assigned housing unit. Youth spoke favorably about their treatment by staff at the facility, expressed that they are listened to when they have a complaint, and indicated they are dealt with fairly and professionally.

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.

77. 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?

Yes

No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Documentation was collected throughout the pre-audit, site visit, and post audit phases. The facility was prompt in providing all requested documentation.

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.

79. 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

80. 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	10	0	10	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	10	0	10	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.

81. 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

82. 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.

83. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	7	0	3
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	7	0	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. 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 sexual abuse allegations reported during the audit period.

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. 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>89. 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>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. 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>92. 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>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>10</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>10</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-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 inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no sexual abuse allegations reported during the audit period.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

103. 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.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>Sexual Abuse & Harassment PREA Coordinator. The auditor reviewed the policy and concluded it contains all the information required of this provision.</p> <p>115.311 (b)(c): JCYDC has designated an upper-level PREA Coordinator, Juan Sepulveda, Deputy Director. During an interview with Deputy Director Sepulveda the auditor confirmed that he has sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards in the facility. The auditor’s review of JCYDC’s organizational chart identifies the Deputy Director as the facility’s PREA Coordinator who reports directly to the Director. The facility has also designated Brandi Alexander, Youth Detention Compliance/Training Program Coordinator as the PREA Compliance Manager. An interview with the PREA Compliance Manager confirmed that she has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards and reports to the Director. As the agency does not operate more than one facility, the designation of a PREA Compliance Manager is not required; therefore, the facility exceeds provision (c).</p>

	<p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard; the facility exceeded provision (c) by having a dedicated compliance manager who can allocate an appropriate amount of time to monitoring and ensuring ongoing compliance.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Information Obtained from Interviews with the Director.</p> <p>115.312 (a)(b): The agency does not contract for the confinement of its residents with private agencies or other entities; therefore, the agency meets all requirements of this standard through non-applicability.</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 115.313, PREA Supervision and Monitoring; 2025 Youth Detention Employee Roster; Staffing Plan Assessments 2025, 2024, 2023; Average Daily Population Report Last 12 Months; Employee Sign-In Sheets; Information Obtained from Interviews with Director, Deputy Director, SJDO (3), Random Staff (10), and Residents (12); Observations During Site Review.</p> <p>115.313 (a)(b)(c)(d): The JCYDC has a written policy 115.313 that establishes the JCYDC develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The policy requires that In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted juvenile detention and correctional/secure residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); The composition of the resident population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The policy further establishes that at least annually the JCYDC, the PREA coordinator and the agency shall access, determine, and document whether adjustments are needed to the</p>

staffing plan, prevailing staffing patterns, the facility deployment of video monitoring system, and the resources the facility has available to commit to ensure adherence to the staffing plan.

The JCYDC reported on the Pre-Audit Questionnaire (PAQ) that the average daily number of residents was forty-eight for the prior 12 months (June 2024-May 2025) and the last staffing plan was predicated on sixty-three residents. The JCYDC reports that there were no deviations from the staffing plan and at no time did the facility deviate from the staffing ratios of 1:8 during resident waking hours and 1:16 during sleeping hours. The auditor reviewed staff sign-in sheets to indicate the number of direct care staff who report to shift and six Post Orders that establish the duties of staff assigned resident supervision Posts. The auditor selected and reviewed twenty-nine samples of the Supervisor's Pass Down Report for randomly selected days and shifts between December 24, 2024-June 18, 2025. Review of the reports confirmed that the JCYDC maintains staff to resident ratios and post assignments, activities, and deviations from the existing schedule are documented clearly on the report. During the site review the auditor observed adequate staffing posted where youth were present, all youth were under direct supervision, and ratios were met during daytime and nighttime hours.

The JCYDC provided the most recent staffing plan assessment. The operating capacity is eighty with a population of sixty-three during the last staffing plan assessment on May 7, 2025. The last review indicates sixty-six full-time employees with sixty-three filled positions. This includes administrative staff (7); Supervisors/ Leads (9); Line staff (41); Food support staff (6). The staffing plan takes into consideration the number of direct care staff and the facility's ability to maintain ratios of 1-8 during daytime and 1-16 during nighttime hours. SJDOs and leads are aware of the minimum ratios required for day and night shifts and that overtime is available for JDOs to work an extra shift when needed. Staff are not relieved of duties until their replacement reports in person. The plan considers the type of population (youth), numbers and placement of supervisory staff, laws, regulations and standards, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The JCYDC uses overtime to ensure adherence to the staffing plan and required supervision ratios. The JCYDC has no findings of inadequacy from judiciary, federal investigative agency, internal or external oversight body. The JCYDC has fifty-five cameras that were assessed during the staffing plan review. Cameras are in the admissions area/holding area, cafeteria, day area, kitchen, classrooms, confinement rooms, recreation area, and outside perimeter. Cameras are not in the resident rooms but are installed in the housing unit so that entry and exit from resident rooms can be observed. The JCYDC also provided the prior two year's staffing plan assessments dated May 2, 2024, and May 2, 2023, for the auditor's review indicating the practice of reviewing the staffing plan annually is well-established.

115.313 (e): Policy 115.313 establishes that each shift supervisor shall make unannounced rounds and shall document these rounds to deter resident sexual abuse and harassment. Staff are prohibited from alerting other staff members that supervisory rounds are occurring. The Director and Deputy Director conduct

	<p>unannounced visits at various/unspecified times of the day to identify and deter staff sexual abuse and sexual harassment. These visits are documented in the Record of Staff Visits logbook maintained at the front of each unit. Interviews with the Director, Deputy Director and three Supervisor Juvenile Detention Officers (SJDO) confirmed that they regularly conduct unannounced rounds and make a point to be unpredictable about when and where they will occur. They explained when they make these rounds they are documented in the Record of Staff Visits logbook. The auditor’s review of these sign-in logs confirmed that these rounds are conducted frequently, are made randomly, and occur during both day and night shifts. Interviews with randomly selected staff confirmed that they are aware of the policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring. Interviews with residents confirmed that they see upper-level and intermediate- level staff making rounds frequently.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 115.315, PREA Limits to Cross-gender viewing and searches; Guidance in Cross-Gender and Transgender Pat Searches Training PowerPoint; Training Acknowledgement Forms (3); Information Obtained During Interviews with Director, Deputy Director, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, SJDO (3), Random Staff (10), Residents (12), Medical Staff (2); Observations During Site Review.</p> <p>115.315 (a)(b)(c): Policy 115.315 establishes that the JCYDC shall not conduct cross-gender strip searches or cross-gender visual body cavity searches and cross-gender pat-down searches except in exigent circumstances or when performed by medical practitioners. Any such search must be documented and justified. The JCYDC indicated on the PAQ that no cross-gender strip searches, cross-gender visual body cavity searches, and no cross-gender pat-down searches of residents occurred. During the site visit the auditor observed pat searches which were conducted by same-gender staff. Information obtained from staff interviews concluded that cross-gender searches are prohibited except in exigent circumstances in which supervisory approval would be required and the search and justification would be documented. Interviews with residents confirmed that none had been searched by staff of the opposite gender.</p> <p>115.315 (d): Policy 115.315 establishes that the JCYDC staff will 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</p>

circumstances or when such viewing is incidental to routine cell checks. The female unit shower is a single stall, and the male unit showers contain two shower stalls each; shower curtains are installed for privacy in every shower stall. Policy 115.315 also requires staff of the opposite gender to announce their presence when entering a resident housing unit. During the site inspection, the auditor observed staff announcing their presence when entering a unit or area of the facility where residents are likely to be showering, performing bodily functions, or changing clothes. Based on information obtained from interviews with staff and observations during the site inspection, male and female officers work the male units, but only female officers work the female units. Additionally, interviews with female residents confirmed that only female officers work the female units but sometimes males enter and always announce themselves. Interviews with male residents confirmed that female staff announce their presence when entering the unit. All residents stated that they have never had an incident where a staff of the opposite gender observed them while in the shower, using the restroom, or changing clothes.

115.315 (e): Policy 115.315 establishes that the JCYDC 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 concluded that there have been no residents admitted during the prior 12 months who identified as transgender or intersex; however, staff interviews confirmed they are aware that searches to determine genital status of a resident are prohibited.

115.315 (f): The agency trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The JCYDC reported on the PAQ that 100% of the security staff have been trained in searches. The Training Program Coordinator explained that the facility uses the Guidance in Cross-Gender and Transgender Pat Searches training curriculum created by The Moss Group obtained from the PRC website. All direct care staff are trained in searches during their initial PREA training that occurs during their orientation and prior to them having contact with youth. 90-day probation period where they only shadow. Annual in-service includes refresher on searches. The auditor reviewed training rosters for December 2, 3, 5, 6, 2024, indicating thirty-five security staff completed the training during the last annual in-service. Additionally, all security staff receive initial training on searches during their officer training. The auditor reviewed the curriculum, training rosters, and information obtained from random staff interviews and concluded the facility has met the requirements of this provision.

A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.

115.316	Residents with disabilities and residents who are limited English proficient
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Evidence Reviewed: Policy 115.316, PREA Residents with disabilities and residents who have limited English proficiency; Professional Translation and Interpretation Services Contract; Resident Education Records; Statement from Director; Observations During Site Visit; Information Obtained from Interviews with Director, Deputy Director/PREA Coordinator, PREA Compliance Manager, Intake Staff (4), Random Staff (10), Residents (5); Observations During Site Review.</p> <p>115.316 (a): Policy 115.315 establishes that the JCYDC shall take steps to ensure residents with disabilities (including, residents who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, deaf or hard of hearing), 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. The JCYDC shall have written material provided in formats or through methods that ensure effective communication with residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility has a copy of the PREA education in braille for vision impaired braille users. The agency maintains Professional Services Contracts for American Sign Language Interpreters (ASL), in-person and remote. The PREA Compliance Manager also has an ASL degree. The JCYDC indicated on the PAQ that no external services for accommodation have been required during the 12 months prior to the audit. The JCYDC provided Orientation samples for three residents who were admitted and identified with special education needs and documentation supported the PREA educational materials were read to them. The auditor interviewed five residents who were identified with special education needs or cognitive impairment and confirmed that staff read the PREA information to them and made sure they understood the material during the education session. The Special Education Teacher explained that she is available to provide support to all students/residents at the facility and that any student who requires additional services related to speech/language therapy, physical therapy or occupational therapy will be referred to the appropriate services to ensure the resident understands the information being presented and that communication with staff is productive and effective. All PREA signage was legible and posted in easy access of youth.</p> <p>115.316 (b): Policy 115.315 establishes that the JCYDC shall take steps to ensure residents who are not English proficient 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. The JCYDC shall take reasonable steps to provide interpreters who can effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The JCYDC maintains Professional Services Contracts for Spanish Interpreters and Other</p>	

	<p>Foreign Language Interpreters, oral in person; Spanish, Scandinavian, Japanese, and Other Foreign Language Translation services; Language Interpretation Services by Phone and Video. The JCYDC indicated on the PAQ and confirmed during staff interviews that no language interpretation services were required during the 12 months prior to the audit. The auditor observed PREA literature and signage available in English and Spanish.</p> <p>115.316 (c): Policy 115.316 establishes that the JCYDC prohibits the use of resident interpreters, resident reader, or other type of residents' assistant in limited circumstance where extended delay in obtaining and effective interpreter could compromise the resident's safety, the performance of first-response duties or the investigation of the resident's allegations. The JCYDC indicated on the PAQ and confirmed during interviews that no resident interpreters, resident reader, or other type of residents' assistant have been used for PREA purposes.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 115.317, PREA Hiring and promotion decision; Random Sample of Personnel Files; Form 115.317(F) Samples; Information Obtained from Interviews with Director, Human Resources Recruiting and Placement Partner (HRM), PREA Compliance Manager/Youth Detention Compliance/Training Program Coordinator, Staff, Contractors; Observations During Site Review.</p> <p>115.317(a)(b)(f)(g): Policy 115.317 establishes that JCYDC prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the service 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; 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 give consent or was unable to consent or refuse; has been civilly or administratively adjudicated to have engaged or attempted 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. Policy 115.317 also establishes that the facility shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Additionally, the facility shall also ask all applicants and employees who have contact with the residents directly about previous misconduct described in written applications or interviews for hiring or promotion and in any interviews or</p>

written self-evaluations conducted as part of reviews of current employees. The facility imposes upon employees a continuing affirmative duty to disclose any such misconduct. Material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The auditor's review of personnel files confirmed that the JCYDC asks all applicants and employees who may have contact with residents directly about previous misconduct 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. Answers to these questions are documented on PREA Form 115.317(F) and samples were reviewed by the auditor for four contractors and twenty-three staff. Six forms were completed during pre-hire, twenty during annual review, and one pre-promotion. Interviews confirmed that contractors and new applicants are required to complete PREA Form 115.317(F) as part of the initial hire packet. An affirmative answer to any of the misconduct questions would result in ineligibility for hire. The Youth Detention Compliance/Training Program Coordinator is responsible for obtaining the form during annual review and at promotion of employees. Interviews further confirmed that the JCYDC imposes upon employees a continuing affirmative duty to disclose any such misconduct mentioned in the PREA Form 115.317(F) and this is covered with staff during their orientation and during employee training. Staff and contractor interviews confirmed they are made aware of the continuing affirmative duty to disclose any such misconduct and that material omissions regarding misconduct, or the provision of materially false information may result in termination.

115.317(c)(d)(e): Policy 115.317 establishes before hiring new employees who may have contact with residents, the JCYDC shall a) Conduct a criminal background record check; Consult any child registry maintained by the State or locality in which the employee would work; 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. Also, the Jefferson County Human Resources Department will perform all background checks on new and current employees every three years. The JCYDC will perform background checks on Volunteers and Contractors working directly with the residents and the facility will conduct criminal background checks every five years for contractors who may have contact with residents.

A certified copy of the tracking spreadsheet was provided by the HRM dated 5/19/2025 confirming that background checks have been completed on all sixty-three staff within the first quarter of 2025. Interviews confirmed that background checks are repeated every three years for all staff. The auditor reviewed a sample of ten employee hire packets electronically confirmed verification of background check information at hire and at least every five years and at promotion and all documents are retained electronically. The auditor reviewed thirteen contractor packets and confirmed background check information is completed upon hire and at least every five years thereafter. Eleven volunteer files were reviewed confirming a recent background check was completed on all. Healthcare services are provided through

	<p>an agency contract and contractually the agency must complete background checks and provide verification to Jefferson County that these have been conducted at least every five years. Each prospective employee is required to disclose any prior institutional employment, and a Questionnaire for Prior Institutional Employers is submitted to the previous employer. This form requests information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. An interview with the HRM confirmed that background checks are completed on all staff prior to employment. These backgrounds include state and national criminal history searches and the National Sex Offender Registry. Each new applicant also has an Alabama Department of Human Resources Child Abuse/Neglect (CA/N) Central Registry Clearance performed.</p> <p>115.317(h): Policy 115.317 establishes that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving receiving a request from an institutional employer for whom such employee has applied to work. An interview with the Director confirmed that upon receipt of a request for information on substantiated allegations of sexual abuse or sexual harassment involving a former employee from a prospective employer, the request would be forwarded to the Jefferson County Legal Office who would comply with the request once provided with the proper release of information authorization.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.318, PREA Upgrades to Facilities and technologies; Memorandum; Information Obtained During Interviews with the Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager; Observations During Site Review.</p> <p>115.318(a)(b): Policy 115.318 establishes that the JCYDC shall use newly installed recording cameras to enhance the facility's ability to protect residents from sexual abuse and harassment. The JCYDC shall consider when designing or planning any expansion or modification the effect of the design, acquisition, expansion, or modification upon the JCYDC's ability to protect residents from sexual abuse. Based on interviews, the JCYDC has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. However, the facility installed five additional cameras since the last PREA audit to eliminate identified blind spots and to enhance supervision of residents during recreation</p>

	<p>time. Interviews confirmed that any facility modifications or video monitoring system enhancements involve consideration of how such technology may enhance the JCYDC's ability to protect residents from sexual abuse.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 115.321, PREA Evidence Protocol and forensic medical examinations; Cooperative Agreement with The Children's Hospital of Alabama; Email Confirmation Agreement Premier Mental Health Service, LLC; Interviews with Director, PREA Compliance Manager, Medical Staff, Investigators (2).</p> <p>115.321(a)(b)(c): Policy 115.321 establishes that the JCYDC shall be responsible for investigating all allegations of sexual abuse. The JCYDC shall follow a uniform protocol for administrative and criminal investigations. The JCYDC shall conduct an administrative investigation and if the allegation is suspected of being criminal in nature, it will be referred to the Birmingham Police Department (BPD). Additionally, the JCYDC shall offer all residents who experience sexual abuse access to forensic medical examination within 72 hours at the CHIPS clinic at Children's Hospital. Forensic medical examinations are offered without financial cost to the victim. Forensic medical examination shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If a SAFE or SANE provider is not available, the examination can be performed by other qualified medical practitioners and the JCYDC will document its efforts to provide a SAFE or SANE.</p> <p>JCYDC maintains a Cooperative Agreement with The Children's Hospital of Alabama d/b/a Children's Hospital Intervention and Prevention Services (CHIPS) Center that has been in force since June 28, 2016. CHIPS agrees to accept referrals of suspected sexual abuse and/or harassment alleged to have occurred at JCYDC which shall include intake screening for eligible services, scheduling a non-emergent forensic medical examination, case management and appropriate counseling referral as deemed appropriate by the provider. Any referrals other than non-emergent will be examined in the Emergency Department. Services include non-emergency sexual assault forensic exam performed by a trained SANE or a specially trained M.D., use of specialized equipment, photo, and written documentation. CHIPS will provide a case manager discharge information; education related to sexual abuse and short-term crisis counseling for any aged youth. The SANE examination will be performed according to the standards set forth by the Alabama Board of Nursing in conjunction</p>

with the international Association of Forensic Nurses and in alignment with the Alabama Coalition Against Sexual Violence standards. Since 1995, the CHIPS Center at Children's of Alabama has served as an outpatient clinic where children who have experienced suspected abuse, and their families impacted by suspected abuse, can come for support, hope, and healing. The CHIPS staff is a team of licensed counselors, doctors, licensed social workers and sexual assault nurse examiners. The auditor contacted the CHIPS Center and confirmed that the conditions of the Agreement are in force and will be provided in accordance with the agreement. The JCYDC also entered into an Agreement with Crisis Center, Inc. April 24, 2025, to provide counseling services, victim advocacy, and the administration of sexual assault forensic exam (SAFE) kit for victims of age 14 and over by a qualified SANE. There were no requests for services by JCYDC from either organization during the 12 months preceding the audit. A review of the JCYDC Process for Investigating Sexual Assault Allegations, review of policy, review of First Responder training instructions, review of the Agreements between JCYDC and CHIPS, JCYDC and Crisis Center, Inc. and interviews with two investigators confirmed that the evidence protocols utilized for preserving evidence are developmentally appropriate for youth.

115.321(e)(h) Policy 115.321 establishes that the JCYDC shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is unable to provide victim advocate services, JCYDC shall provide these services by a qualified staff member from a community-based organization or a qualified agency staff member. The JCYDC shall document efforts to secure services from rape crisis centers.

The Agreements with CHIPS and Crisis Center, Inc., include providing victim services to residents while residing at the JCYDC and services are consistent with the community level of care. Additionally, JCYDC provided a memorandum from Premier Mental Health Services, LLC confirming they will serve as a child advocate for youth victims of sexual abuse. The advocate shall accompany and support the victim in the event one is not available through CHIPS. The victim advocate, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. Interviews with the Director, PREA Compliance Manager, and medical staff confirmed that JCYDC has a good working relationship with the Children's Hospital of Alabama/ CHIPS and were all aware of the services related to sexual abuse victims that will be provided if needed. The auditor spoke with a SANE nurse and confirmed that SANE services will be provided for victims of sexual abuse from JCYDC. There were no SANE examinations or services requested during the 12 months prior to the audit.

115.321(f): JCYDC provided a memorandum to the Director from the BPD Chief of Police confirming that they will respond and provide assistance when needed for incidents at the facility. Sexual allegations of a criminal nature will be assigned to a detective with the Sex Crimes Unit. Additionally, the JCYDC provided a copy of an email sent to the BPD requesting that the BPD follow the requirements of paragraphs §115.321 (a) through (e) when investigating allegations of sexual abuse at the facility.

	A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.322, PREA Policies to ensure referrals of allegation for investigations; Website; PREA Incident Tracking Spreadsheet; Case Files; Information Obtained During Interviews with the Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Facility Investigators (2).</p> <p>115.322(a)(b)(c)(d): Policy 115.322 establishes that JCYDC shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, allegations of sexual abuse or sexual harassment are referred for investigation to the BPD who has the legal authority to conduct criminal investigations, when the incident appears to involve potentially criminal behavior. All referrals will be documented in an incident report and retained in the local investigative file. JCYDC has published its policy at www.jccal.org/youthdetention.</p> <p>During the 12 months preceding the audit the facility received ten allegations of sexual harassment and no allegations of sexual abuse. No allegations were referred to an outside agency for investigation and an administrative investigation was completed on all 11 by facility investigators. Interviews confirmed that all sexual harassment and sexual abuse allegations are referred for investigation and that if an incident appears to include criminal behavior, the BPD will be notified.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>

115.331	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.331, PREA Training and Education; Staff Training Bullet Points, Red Flags Handout, and PREA PowerPoint Presentation (original); Employee Training Curriculum (developed July 2025); Guidance in Cross-Gender and Transgender Pat Searches Training PowerPoint; PREA Exam (8); Employee Training Records; PREA Form 115.331, Staff Receipt of PREA Training; Certificate of</p>

Completion for 2025 Child Abuse Mandated Reporters Training, Alabama Department of Human Resources (6); Information Obtained During Interviews with the Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Random Staff (12); Observations During Site Review.

115.331: Policy 115.331 establishes that the JCYDC has zero tolerance for sexual abuse and harassment. All employees, contractors, volunteers, or anyone having contact with residents shall be trained about its zero tolerance for sexual abuse and sexual harassment. This training will be offered during orientation for new employees and annually in mandatory training. The PREA Coordinator or Compliance Manager will train employees on JCYDC's zero-tolerance of sexual abuse and harassment; how to fulfill their responsibility under the facility's Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures; juvenile's right to be free from Sexual Abuse and Sexual Harassment; the right of Juveniles and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment; the dynamics of Sexual Abuse and Sexual Harassment in Juvenile facilities; the common reaction 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 Juveniles; how to avoid inappropriate relationships with Juveniles; how to communicate effectively and professionally with Juveniles, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming Juveniles; how to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities; and relevant laws regarding the applicable age of consent. Training shall be tailored to the unique needs and attributes of residents of the JCYDC and to the gender of the residents.

115.331(c)(d): Interviews and review of training records confirmed that all employees are advised of the Zero-Tolerance Policy upon hire and receive PREA training on the required topics during orientation and before having contact with residents. Existing employees are trained annually. The facility documents this training on rosters confirming attendance, and through employee signature on PREA Form 115.331 confirming that employees understand the training they have received. The Code of Alabama 1975, Section 26-14-3 addresses mandatory reporting for suspected child abuse or neglect and mandates reports of abuse or neglect to be made to the Department of Human Resources. The legal Age of Consent in Alabama is sixteen; however, all sexual activity is prohibited between residents and residents and residents and staff. The Alabama Department of Human Resources requires all staff working in a DYS facility to complete the Child Abuse Mandated Reporters Training annually. The auditor reviewed a sample of 2025 certificates of completion for random staff.

The auditor reviewed the Staff Training Bullet Points document which was provided as the training curriculum and which included all topics required for provision (a), Red Flags handout, and a PREA PowerPoint Presentation containing eight slides which did not include the required topics or any training information content. The PREA Coordinator explained during his interview that he trains staff using this

	<p>material and that most of the information is conveyed through oral presentation using the bullets identified on the first document. The auditor also reviewed the Mental Health and Suicide Awareness-LGBTIQ Awareness PowerPoint and a sample attendance roster for February 27, 2024. This training covers understanding LGBTQI and is delivered by the PREA Compliance Manager. The auditor reviewed a sample of rosters for PREA training during annual in-service held December 2, 3, 5, 6, 2024, for thirty-five employees in attendance; samples of completed PREA Exams for eight employees; Employee Receipt of PREA forms for three employees; training documentation for three new hires. During the site review the auditor recommended that the facility develop a more formalized PREA training curriculum that could be delivered by other qualified trainers and that would more clearly document the content of the information delivered to employees during this training. During the Post-Audit Period the facility developed a new training curriculum titled PREA Understanding Vulnerable Populations and Preventing Sexual Abuse in Juvenile Corrections, a 54-slide PowerPoint presentation that includes definitions and all required topics listed in provision (a) with informational content and training notes, and attendance rosters dated July 10, 11, 15, 16, 2025, for forty-five employees indicating receipt of training using the new curriculum. This effort indicated JCYDC's commitment and dedication to process improvements of its PREA program.</p> <p>During interviews with the Deputy Director/PREA Coordinator and Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager the auditor confirmed that staff receive PREA training before having contact with residents and this training includes all required topics. This same training is delivered annually to all employees, and a roster is completed to verify attendance and each employee signs the acknowledgement form confirming they understand the training received. The Department of Youth Services (DYS) requires training in Alabama Department of Child Abuse & Neglect Prevention (Mandatory Reporting laws) for each direct care staff which is delivered by JCYDC during employee orientation. Staff interviews confirmed they received PREA training upon hire and annually during in-service and were able to articulate effectively their responsibilities with regard to all topics listed in provision (a) of this standard.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard and exceeded by developing a comprehensive training curriculum and delivering PREA training to staff annually.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Reviewed: Policy 115.332, Volunteer and contractor training; 2025 List of Contractors & Volunteers; Volunteer Files (11); Contractor Files (23); Information

Obtained During Interviews with Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Contract Staff (5), Volunteer (1).

115.332(a)(b)(c): Policy 115.332 establishes that the JCYDC shall train all volunteers and contractors who have contact with residents on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The PREA Coordinator or Compliance Manager shall provide volunteers and contractors with the level and type of training based on the services each provides and the level of contact they have with residents. The JCYDC shall maintain documentation confirming that the volunteers and contractors understand the training they have received.

During interviews, the auditor learned that education staff employed by Jefferson County and healthcare staff are provided by cooperative agreement with UAB and JBS Mental Health Authority, and other contract providers. These providers work under various court directives and agreements and are therefore considered contractors for purposes of standard 115.332 training. The list of contract staff included teachers (7), medical and mental health providers (10), and other service providers (6). The facility reported there are eleven active/approved volunteers. The auditor reviewed contractor and volunteer files and confirmed that they were trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response and signed acknowledgement forms confirming they understand the training they received.

Corrective Action On-Site: During the site review the auditor observed various county employees (deputies, maintenance workers) entering the facility to eat in the cafeteria. Additionally, it was determined that these maintenance workers perform work within the facility as needed to maintain the physical plant. The Director explained that this is regular practice and that these county employees do not have contact with youth residents. While observing lunch there were youth residents in the cafeteria eating while the county employees were in the cafeteria, but youth were under direct supervision of JCOs. The auditor recommended that JCYDC require notification of the facility's zero-tolerance policy to all county employees who enter the facility. The PREA Compliance Manager immediately created the PREA Visitor Acknowledgement Form that advises the visitor/contractor/volunteer of the facility's zero-tolerance for sexual abuse and sexual harassment and how and to whom to report such incidents. These forms were printed and placed at the front entry with instructions for having them signed by all visitors entering the facility. The signed forms are maintained at the front entry for verification purposes prior to a visitor's entry to the facility.

A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: Policy 115.333, PREA Resident Education; Policy 115.316; End the Silence Brochure; Person Admission PREA form; PREA Video for Juveniles; Zero-Tolerance Posters; Personal Observations During the Site Review; Information Obtained During Interviews with the Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, PREA Investigators (2), Intake Staff (4), Special Education Teacher (1), Mental Health Staff (2), Residents (12).

115.333(a)(b)(c)(e): The JCYDC shall educate residents about sexual abuse and sexual harassment during the intake process and their rights to be free from sexual abuse and sexual harassment. During the intake process, residents shall receive information explaining the JCYDC's zero tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment. Residents shall be given at intake a Detention Pamphlet "What you should know about Sexual Abuse and Assault". This pamphlet is also available in Spanish and in a version for lower functioning residents. This pamphlet shall be read by staff to all residents in groups or individually. Within ten (10) days of intake, the JCYDC shall provide comprehensive age-appropriate education to Juveniles either in person or through video regarding their rights to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Detention policies and procedures for responding to such incidents.

Each resident upon admission receives a copy of the End the Silence brochure which includes information about JCYDC's zero-tolerance policy, definitions and examples of sexual abuse, tips for avoiding sexual abuse and sexual harassment, resident's right to report, how to report, both inside and outside of the facility. This brochure is available in both English and Spanish. The intake officers read each item from the Person Admission PREA form and have the resident sign electronically that they have received and understood the training delivered during orientation. Within the next 10 days, each new arrival will attend a follow-up training session where one of the two PREA Investigators will review the brochure, the Juvenile Confirmation of Receipt of PREA training form, and play the PREA Training for Juveniles. The training form is then initialed by both the staff delivering the training and the resident. Once the video is completed, the PREA Investigator encourages questions and discussion.

The facility reported on the PAQ there were 484 residents admitted during the 12 months preceding the audit. The facility provided an admissions list of all residents between May 1, 2024-March 31, 2025, during the Pre-Audit period for the auditor to select names for records review. An updated list was provided during the site review to include residents who were admitted since the original list was provided. The auditor selected forty-seven residents who were admitted between March 14, 2014-June 12, 2025, to review orientation and training records. Records indicated that all forty-seven residents received PREA training during intake upon arrival and

before being assigned to a unit. A sample of twenty-one records were reviewed for the follow-up training that is provided by the PREA Investigator within ten days of the resident's arrival at the facility. On the first day of the site review the auditor was provided with a Current Admissions Roster listing forty-seven residents (42-males/5-females) assigned. The facility also provided the auditor with a list of youth who qualified for targeted interview questionnaires which included reported prior sexual abuse during risk screening (5); reported sexual abuse at the facility (1); hearing/vision/physical disability (0); Lesbian/Gay/Bisexual (1); Transgender/ Intersex (0); LEP; Cognitive Disability (11). The auditor randomly selected twelve (8-males/4-females) residents for interviews including five with cognitive impairment, one who reported sexual harassment at the facility, and two who reported prior sexual victimization during the risk screening. All residents confirmed that they received information at time of intake within a short time after arrival about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment; their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents. They also confirmed that within the next week (within 10 days of intake) they received the same information and watched a video with the PREA Investigator. Interviews with the PREA Compliance Manager, PREA Investigators, and twelve residents confirmed that the 10-day follow-up training is consistently delivered.

During the site review the auditor observed an intake of a new arrival which included a review of the facility's rules and policies, PREA education, delivery of the What You Should Know About Sexual Abuse and Assault pamphlet, and the risk screening. All direct care staff are trained to conduct intake. The auditor observed the intake staff member read the PREA education information clearly to the resident one section at a time, and after each section, the resident was asked if there were any questions. The auditor also conducted separate interviews with four staff who conduct intake and confirmed that they were aware of how to contact interpreters, when needed to assist in communicating with Deaf and non-English speaking residents. All intake staff interviewed explained that they read aloud the written information to each resident from the PREA education sheet. These interviews also confirmed that mental health staff or the Special Education Teacher would be contacted to assist in providing the required information to residents with cognitive or functional disabilities if needed.

115.333(d): Policy 115.315 establishes that the JCYDC shall take steps to ensure residents with disabilities (including, residents who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, deaf or hard of hearing, 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. The JCYDC shall have written material provided in formats or through methods that ensure effective communication with residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility has a copy of the PREA education in braille for vision impaired braille users. The agency maintains Professional Services Contracts

for American Sign Language Interpreters (ASL), in-person and remote. The PREA Compliance Manager also has an ASL degree. The JCYDC indicated on the PAQ that no external services for accommodation have been required during the 12 months prior to the audit. The JCYDC provided Orientation samples for three residents who were admitted and identified with special education needs and documentation supported the PREA educational materials were read to them. The auditor interviewed five residents who were identified with special education needs or cognitive impairment and confirmed that staff read the PREA information to them and made sure they understood the material during the education session. The Special Education Teacher explained that she is available to provide support to all students/residents at the facility and that any student who requires additional services related to speech/language therapy, physical therapy or occupational therapy will be referred to the appropriate services to ensure the resident understands the information being presented and that communication with staff is productive and effective. All PREA signage was legible and posted in easy access of youth. Policy 115.316 establishes that the JCYDC shall take steps to ensure residents who are not English proficient 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. The JCYDC shall take reasonable steps to provide interpreters who can effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The JCYDC maintains Professional Services Contracts for Spanish Interpreters and Other Foreign Language Interpreters, oral in person; Spanish, Scandinavian, Japanese, and Other Foreign Language Translation services; Language Interpretation Services by Phone and Video. The JCYDC indicated on the PAQ and confirmed during staff interviews that no language interpretation services were required during the 12 months prior to the audit. The auditor observed PREA literature and signage available in English and Spanish.

115.333(f): During the site review, the auditor observed posted signage throughout the facility. Signage included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services. The signage was easily read/accessed by residents and was clear, easy to understand, and at an appropriate reading level for the population confined in the facility. Signage was posted in English and available in Spanish and could be translated into other languages as needed. The signage text size, formatting, and physical placement accommodated most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair. The information provided by the signage was not obscured, unreadable by graffiti, or missing due to damage. The information on the signage was accurate and consistent throughout the facility. Signage was also posted in staff areas and at the entrance and areas where visitation occurs. Information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security was observed posted in each housing unit.

The Zero-Tolerance Poster provides continuous and readily available information on the Right to Report, How to Report, and Victim Support Services. Methods of

	<p>reporting sexual abuse and sexual harassment include calling the facility Director, Monique Grier at 205-325-5498; reporting to any staff, volunteer, contractor, or medical or mental health staff; submitting a grievance; reporting to the PREA coordinator, Juan Sepulveda, or PREA Investigator. And for third party reporting, telling a family member, friend, legal counsel, or anyone else outside the facility who can report on the resident's behalf by calling 205-325-5498. The poster also advises that JCYDC has partnered with The Crisis Center to provide survivors of sexual abuse with emotional support services. To access these services residents may contact (205)458-8981 or send a letter to 3620 8th Avenue South, Suite 110 Birmingham, Alabama 35222. These calls will remain Anonymous and Confidential. Interviews with random staff and residents confirmed that signage throughout the facility observed by the auditor during the site review was consistently displayed throughout the year, not just because of the audit.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard. The facility exceeds based on delivery of comprehensive education being delivered to residents during intake upon arrival and again within 10 days of arrival.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.334, PREA Specialized Training Investigations; Case Files; Training Records; Training Curriculum; Information Obtained During Interviews with the Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager; Investigators (2).</p> <p>115.334(a)(b): Policy 115.334 establishes that the JCYDC shall in addition to the general training provided to all employees pursuant to 115. 331, that its investigators have received training in conducting sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing juvenile sexual abuse victims. Proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. JCYDC shall maintain documentation that the facility investigators have completed the required specialized training in conducting sexual abuse and sexual harassment; investigations; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment. The facility has eight trained investigators. These investigators are authorized and trained to conduct administrative investigations only. The auditor reviewed the specialized training curriculum and training certificates, and general training records for all eight investigators. The Training Program Coordinator maintains documentation of this training. Interviews with two investigators</p>

	<p>confirmed their knowledge of the training received to include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. They also understood their limitations and when it is appropriate to stop the administrative investigation and forward the case to BPD for a criminal investigation.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.334; Training Records; Specialized Training Curriculum; Information Obtained During Interviews with Mental Health and Medical Staff.</p> <p>115.335(a)(c): The auditor reviewed the facility’s PREA training curriculum and the National Institute of Corrections (NIC) specialized training curriculum for medical and mental health staff and concluded that they collectively include how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. JCYDC reported there are fourteen medical and mental health care practitioners who work regularly at the facility and that all have received the training required by agency policy. The auditor was provided with training records for the fourteen medical and mental health staff who work regularly at the facility and training for the primary contact at the Crisis Center (advocate). Review of these training records concluded that all medical and mental health care practitioners who work regularly at JCYDC have completed the required specialized training as well as the general PREA training.</p> <p>115.335(b): Agency medical staff at JCYDC does not conduct forensic medical exams; therefore, this provision is not applicable.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard. The facility exceeded by requiring the community service providers to complete the specialized training for mental health.</p>

115.341	Obtaining information from residents
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Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed: Policy 115.341, PREA Obtaining information from residents; Risk Assessment Blank; Completed Risk Assessments (28); Observations During Site Review; Information Obtained During Interviews with Intake Staff (4), Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Residents (12).

115.341(a): Policy 115.341 establishes that the JCYDC, within seventy-two (72) hours of the resident's arrival at the facility and periodically throughout a resident's confinement, shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Youth will be screened for Sexually Aggressive Behavior and Risk for Sexual Victimization, to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments shall be made accordingly. The PAQ reported that between May 24, 2024-May 23, 2025, there were 481 admissions with 270 whose length of stay was for 72 hours or more and all were screened for risk of sexual victimization or risk of sexually abusing other residents. The auditor reviewed completed risk assessments for twenty-eight residents admitted between May 1, 2024-May 8, 2025, and confirmed that they all were completed within 24 hours of arrival at the facility and before they were placed on a housing unit. The auditor reviewed the samples for three residents with multiple reassessments indicating their risk level was reassessed periodically throughout the resident's confinement. Interviews with residents confirmed that these questions were asked during the intake screening.

115.341(b)(c)(d): Policy 115.341 establishes that at a minimum, the JCYDC shall attempt to ascertain information about prior sexual victimization or abusiveness; 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; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the 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. This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file. The auditor reviewed the risk assessment and confirmed it is comprehensive and objective, and collects information as outlined in provision (c). Interviews with intake staff confirmed that the resident's own perception of vulnerability is given serious consideration with placement when determining risk.

115.341(e): Policy 115.341 establishes that the JCYDC shall implement appropriate

	<p>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. The auditor observed that the information from the screening instrument is entered into the facility's database where the information is secured and password protected, accessed only by staff who have a need to know the information.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard. The facility exceeded by completing assessments consistently within a few hours, but no more than 24 hours after arrival at the facility.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.342, PREA Placement of residents in housing, bed, program, education, and work assignment; Completed Risk Assessments (28); Housing Rosters; Information Obtained from Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Intake Staff (4), Medical & Mental Health Staff (3), Supervisor/JDO (2), Random Staff (10).</p> <p>115.342(a): Policy 115.342 establishes that the JCYDC shall use all information obtained pursuant to 115.341 during intake to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Pursuant to the risk screening instrument evaluated in 115.341, the information entered is calculated based on an algorithm that determines if a resident may be at risk of being vulnerable to victimization, for sexually aggressive behavior, for violent/aggressive behavior. Information from this risk assessment is then used to inform housing, bed, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. JCYDC residents are not used on work details, regardless of their age. An interview with the PREA Compliance Manager confirmed that youth are reviewed according to their risk assessment and staffed with the supervisor and Deputy Director for best placement in the unit for the residents' safety. This takes into account past vulnerability, sex charges, youth size and age, and the youths' own perception of vulnerability. Interviews with intake staff confirmed that when a new admission discloses prior victimization or has a charge for being sexually abusive, or has a collective score that ranks the youth at high risk, the shift supervisor is notified immediately so that housing can be identified for the resident to ensure safety of that resident and others. An email is also sent to the Deputy Director/PREA Coordinator and the PREA Compliance Manager so the resident can be monitored for safety. Incident Reports/Case Files confirmed that when a PREA allegation is</p>

reported, involved youth are separated immediately throughout the course of the investigation. Once it is determined that there should be no contact between residents, this order is documented through group email to all concerned parties and monitored until such time the Deputy Director/PREA Coordinator determines it is safe for the residents to interact.

115.342(b)(h)(i): Residents may be 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. During a period of isolation, the JCYDC shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignment solely on the basis of such identification or status, nor shall the JCYDC consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. If a resident is isolated pursuant to paragraph (b) of this section, JCYDC shall clearly document at least every 30 days a review to determine whether there is continuing need for separation from the general population. An interview with the Deputy Director/PREA Coordinator and two shift supervisors confirmed that residents are not placed in segregation for being at risk of sexual victimization. Interviews further confirmed that all residents in segregation for any reason receive large muscle group exercises the same as general population, have access to programs and education, and receive daily visits from medical and mental health staff. There were no residents at risk of sexual victimization who were placed in isolation during the 12 months preceding the audit.

115.342(c)(d)(e)(f)(g): Policy 115.342 establishes that in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case by case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. JCYDC houses both males and female juveniles. Interviews with all levels of staff confirmed that a resident's status as lesbian, gay, bisexual, transgender, or intersex would never constitute placement in particular housing, bed, or other assignments solely on the basis of such identification or status, nor would they consider this status or identification as an indicator of being sexually abusive. If a youth identifies as transgender or intersex during the risk assessment, the Intake Staff stated they would contact the shift supervisor for guidance. Interviews with shift supervisors confirmed that the Deputy Director (or

	<p>Administrative Duty Officer if after business hours) would be notified. The Director and Deputy Director explained that housing decisions would be made on a case-by-case basis and would involve medical and mental health professionals, and would consider the impact on management and security of the facility as well as the safety of the transgender/intersex resident. The PREA Compliance Manager confirmed that transgender/intersex residents would be reassessed at least twice each year to review any threats to safety experienced by the resident. Additionally, if a transgender or intersex resident requests to shower separately from the general population, they will be allowed to shower in the intake area. The facility has not housed a transgender or intersex resident during the 12 months preceding the audit.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.351, PREA Resident Reporting; PREA Reporting Posters; Observations During Site Review; Information Obtained During Interviews with Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Random Staff (10), Reporting Agencies, Residents (12).</p> <p>115.351(a)(b): Policy 115.341 establishes that the JCYDC shall provide multiple internal ways for residents to privately report sexual abuse and 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. The JCYDC shall also provide 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 and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to Detention officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Based on signage displayed throughout the facility, methods of reporting sexual abuse and sexual harassment include calling the facility Director, Monique Grier at 205-325-5498; reporting to any staff, volunteer, contractor, or medical or mental health staff; submitting a grievance; reporting to the PREA coordinator, Juan Sepulveda, or PREA Investigator. And for third party reporting, telling a family member, friend, legal counsel, or anyone else outside the facility who can report on the resident's behalf by calling 205-325-5498.</p>

The JCYDC entered into an Agreement with Crisis Center, Inc. April 24, 2025, that includes the Center provide a 24-hour reporting line. Crisis Center, Inc. 24-hour reporting line is published on various signage observed posted throughout the facility. The Crisis Center, Inc. also provides a “Youth Talk Line between 3:00 p.m.-10:00 p.m., 7 days per week at 205-328-5465 for youth between 6-18 to call and discuss any problems. Residents are also visited by their Probation Officer weekly which provides another avenue for reporting outside the facility. The facility provides Speed Dial numbers that allow residents to place private and anonymous calls to the designated providers: DYS 24 Hour PREA Hotline #2, Immigration Services #3, Crisis and Suicide Hotline #4, Victim Support #5, DYS Youth Grievances #6. These speed dial numbers are posted next to each phone bank in each housing unit. A test call was successfully placed to all numbers. Each operator explained that youth reports of sexual abuse fall under mandatory reporting laws and that the caller would be advised of the operator’s obligations to report according to state law. The DYS and Crisis Center are private entities not part of the JCYDC. Information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security was observed posted in each housing unit.

115.351(c): Policy 115.351 establishes that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal report. The auditor reviewed the Employee Training Curriculum and confirmed that staff are instructed to accept all reports of sexual abuse or harassment regardless of the manner in which they are received. Once the employee is made aware they are to promptly document the report in an incident report immediately and notify the shift supervisor.

115.351(d): Policy 115.351 establishes that the JCYDC shall provide residents with access to tools necessary to make a written report. The auditor observed residents in possession of writing utensils and paper. Blank grievance forms were abundantly available at each officer’s station. Interviews with residents confirmed that they have access to materials needed to make a written report of any complaint.

115.351(e): The JCYDC shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Employees are notified during their initial orientation and during annual in-service that they may privately report sexual abuse and sexual harassment of residents outside their chain-of-command through any of the resources available to residents. Interviews with random staff confirmed their knowledge that they could go outside their chain-of-command to make a private report of sexual abuse of a resident.

A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.352, Exhaustion of administrative remedies; Information Obtained from Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Investigators (2).</p> <p>115.352(a): After review of Policy 115.352, interviews with management staff and investigators, and review of case files the auditor concluded that the facility does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. If a resident files a complaint on a grievance form it is immediately forwarded to an investigator and is handled through the investigative procedures. Therefore, the facility is exempt from this standard.</p>
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<p>115.353</p>	<p>Resident access to outside confidential support services and legal representation</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.353, PREA Resident access to outside support services and legal representation; Zero Tolerance Poster; Rape Response Crisis Center Poster; Crisis Center, Inc. Pamphlet; Immigration Services Poster; JCYDC Visitation Record/Attorney Visits; Agreements with CHIPS, Crisis Center, Inc., and Premier Mental Health; Observations During Site Review; Information Obtained During Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Residents (12)</p> <p>115.353(a)(b)(c): Policy 115.353 establishes that the JCYDC shall ensure residents are provided access to outside victim advocates for emotional support services related to sexual abuse, by posting mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or Rape crisis organizations, and, for persons detained solely for immigration purposes, immigrant services agencies. The JCYDC shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. JCYDC shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>JCYDC maintains a Cooperative Agreement with The Children’s Hospital of Alabama d/b/a Children’s Hospital Intervention and Prevention Services (CHIPS) Center that has been in force since June 28, 2016. CHIPS will provide case management and appropriate counseling referrals as deemed appropriate by the provider. CHIPS will</p>

provide a case manager discharge information; education related to sexual abuse and short-term crisis counseling. The CHIPS staff is a team of licensed counselors, doctors, licensed social workers and sexual assault nurse examiners. The Agreement with CHIPS includes victim services to residents while residing at the JCYDC and services are consistent with the community level of care. JCYDC entered into an Agreement with Crisis Center, Inc. April 24, 2025, that includes the Center providing a 24-hour reporting line, counseling services, victim, and advocacy. Crisis Center, Inc. The 24-hour reporting line is published on various signage observed posted throughout the facility and can also be reached by dialing the Speed Dial #5, so the caller can remain anonymous and have a private call. The Crisis Center, Inc. also provides a "Youth Talk Line" between 3:00 p.m.-10:00 p.m., 7 days per week at 205-328-5465 for youth between the ages of 6-18 to call and discuss any problems. Additionally, JCYDC provided a memorandum from Premier Mental Health Services, LLC confirming they will provide a qualified community-based organization staff member to serve as a child advocate for youth victims of sexual abuse and will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

Resident interviews confirmed they were aware of the outside services, specifically the Crisis Center, Inc., and understood that the Center could provide help and counseling for people who had been victims of sexual abuse. They also understood that the counseling is confidential and that the telephone is not monitored during a call to any of the Speed Dial numbers. Residents also understood about the mandatory reporting laws. There were no youth at the facility who reported sexual abuse. Two youth who reported prior sexual victimization during the risk screening at intake said that the PREA Compliance Manager met with them and talked to them about the counseling services available and how to make contact.

115.353(d): Policy 115.353 establishes that JCYDC shall provide residents with reasonable and confidential access to their attorney or other legal representation and reasonable access to parents or legal guardians. The auditor reviewed the JCYDC Visitation Record Book with twenty entries between February 25, 2025-March 7, 2025, indicating regularly occurring attorney visits with residents. Interviews with the Director, PREA Coordinator, and PREA Compliance Manager confirmed that there are no restrictions on residents having access to their attorney, barring any extenuating circumstances. Residents are allowed to visit and talk by telephone to parents or legal guardians unless there is a court injunction for such contact. JCYDC provided a 62-page sample of a phone log between February 27, 2025-March 7, 2025, indicating that residents have access to utilize the phones. Youth interviews confirmed they have access to phones and that they have private and confidential access to their attorneys. Resident interviews confirmed that the facility allows access to attorneys, parents, and other approved family members and that attorney visits and phone calls are unmonitored.

A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Website; Zero Tolerance Posters; Third Party Reporting Form; Observations During Site Review.</p> <p>115.354: JCYDC provides a method to receive third-party reports of resident sexual abuse or sexual harassment. This method is posted on the facility's public website and displayed on signage posted at the facility common areas, entry, and housing units. The Zero-Tolerance Poster posted in the facility provides continuous and readily available information on the Right to Report, How to Report, and Victim Support Services. Methods of reporting sexual abuse and sexual harassment include calling the facility Director, Monique Grier at 205-325-5498; reporting to any staff, volunteer, contractor, or medical or mental health staff; submitting a grievance; reporting to the PREA coordinator, Juan Sepulveda, or PREA Investigator. For third-party reporting, residents can a family member, friend, legal counsel, or anyone else outside the facility who can report on the resident's behalf by calling 205-325-5498. The poster also advises that JCYDC has partnered with The Crisis Center to provide survivors of sexual abuse with emotional support services. To access these services or make a report of sexual abuse anyone may contact (205)458-8981 or send a letter to 3620 8th Avenue South, Suite 110 Birmingham, Alabama 35222. These calls will remain Anonymous and Confidential.</p> <p>JCYDC provides a method to receive third-party reports of resident sexual abuse or sexual harassment on its public website at www.jccal.org. The link provides a form to complete and the email of the Deputy Director/PREA Coordinator and his mailing address that the form may be submitted to. While the form asks the reporter to provide a name, phone number, and email address, the Deputy Director explained that reporters may also remain anonymous.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.361, Staff and agency reporting duties; Staff Training Bullet Points, Red Flags Handout, and PREA PowerPoint Presentation (original); Employee Training Curriculum (developed July 2025); Case Files; Information Obtained During Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager,</p>

Medical and Mental Staff (3), Random Staff (10), Residents (12).

115.361(a)(b): Policy 115.361 establishes that the JCYDC shall 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. JCYDC shall require all staff to report immediately and according to agency policy any retaliation against residents or staff who report such incidents. JCYDC requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, and requires all staff to comply with any applicable mandatory child abuse reporting laws.

The auditor reviewed the Staff Training Bullet Points, Red Flags Handout, and PREA PowerPoint Presentation (original); and Employee Training Curriculum (developed July 2025) and confirmed that staff are trained 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; 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. This training also instructs staff on how to comply with applicable mandatory child abuse reporting laws. The Alabama Department of Human Resources requires all staff working in a DYS facility to complete the Child Abuse Mandated Reporters Training annually. The auditor reviewed a sample of 2025 certificates of completion for random staff. Interviews with random staff confirmed they all understood the requirement 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 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. Interviews with random staff confirmed they are aware of the mandatory child abuse reporting laws and their responsibilities for reporting.

115.361(c): Policy 115.361 establishes that apart from reporting to designated supervisors or officials and designated State or local services, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The auditor reviewed the employee training curriculum and confirmed that staff are trained to keep confidential information related to a sexual abuse report and to only discuss with designated personnel related to the investigation, treatment, security, and management decisions. Review of the staff hiring packets for employees, contractors, and volunteers cover the confidentiality requirements of information related to residents and specifically address information related to sexual abuse and harassment allegations. Interviews with random staff confirmed they are aware of their obligations not to reveal 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.

115.361(d): Policy 115.361 establishes that medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and the director, as well to the designated State or local service agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. Interviews with medical and mental health staff confirmed that at the initiation of services to a resident, they are informed of the limitations of confidentiality and the provider's duty to report. Youth are advised of these limitations upon admittance to the facility as well. Healthcare staff are mandated reporters and must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the Alabama Department of Human Resources Child Abuse/ Neglect (CA/N) Central Registry in accordance with mandatory reporting laws and would also notify the JCYDC shift supervisor immediately upon learning of an incident. Staff interviewed stated they were not aware of an incident of this type at JCYDC, but would report the incident should they be made aware.

115.361(e): Policy 115.361 establishes that upon receiving any allegation of sexual abuse, the JCYDC Director, or designee shall promptly report the allegation to the appropriate agency office 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 guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the JCYDC Director or designee shall also report the allegation to the resident's attorney or other legal representative of record within 14 days of receiving the allegation. Interviews confirmed that the parent or legal guardian is informed of allegations of sexual abuse or sexual harassment or the resident's caseworker instead of the parent's if under the DHS child welfare system. The allegation will be reported to the resident's legal representative within 14 days if the resident is under jurisdiction of the juvenile court. These reports are made by the Director or Deputy Director.

115.361(f): Policy 115.361 establishes that JCYDC shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. An interview with the Director confirmed that all allegations of sexual abuse and sexual harassment, regardless of how they are reported, are forwarded to a facility investigator and if the incident appears to be criminal, the BPD will be contacted immediately. The auditor reviewed case files and confirmed that allegations are assigned promptly to the facility's investigators.

A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.363, Reporting to other confinement facilities; Case Files; Information Obtained During Interviews with Director, Deputy Director.</p> <p>115.363(a)(b)(c)(d): Policy 115.363 establishes that the JCYDC shall upon receiving an allegation that a resident 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 agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. The Facility/Administrator who receives such notification shall ensure that the allegation is investigated in accordance with PREA standards. The outcome of the investigation shall be provided to the Facility that initiated the allegation from the resident. The facility reported one allegation was received at the facility that occurred at another facility. Documentation was reviewed indicating notification was made to the other facility where the abuse was to have occurred within 24 hours by email. The facility also documented reporting of this incident to Alabama Department of Human Resources Child Abuse/Neglect (CA/N) Central Registry in accordance with mandatory reporting laws. The resident was evaluated by mental health and offered support services. Interviews confirmed that there were no allegations received from other agencies or facilities that an incident of sexual abuse or sexual harassment occurred at JCYDC; however, if a report is ever received, it will be immediately investigated according to the established investigative protocols.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.363, Reporting to other confinement facilities; Case Files; Information Obtained During Interviews with Director, Deputy Director.</p> <p>115.363(a)(b)(c)(d): Policy 115.363 establishes that the JCYDC shall upon receiving an allegation that a resident 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 agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. The Facility/Administrator who receives such notification</p>

	<p>shall ensure that the allegation is investigated in accordance with PREA standards. The outcome of the investigation shall be provided to the Facility that initiated the allegation from the resident. The facility reported one allegation was received at the facility that occurred at another facility. Documentation was reviewed indicating notification was made to the other facility where the abuse was to have occurred within 24 hours by email. The facility also documented reporting of this incident to Alabama Department of Human Resources Child Abuse/Neglect (CA/N) Central Registry in accordance with mandatory reporting laws. The resident was evaluated by mental health and offered support services. Interviews confirmed that there were no allegations received from other agencies or facilities that an incident of sexual abuse or sexual harassment occurred at JCYDC; however, if a report is ever received, it will be immediately investigated according to the established investigative protocols.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 115.364, Staff first responder duties; Case Files; Staff Training Bullet Points, Red Flags Handout, and PREA PowerPoint Presentation (original); Employee Training Curriculum (developed July 2025); First Responder Guideline; First Responder Checklist for Sexual Abuse Allegations; Case Files; Information Obtained During Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Medical and Mental Staff (3), Random Staff (10), First Responders (5), Residents (12).</p> <p>115.364(a): Policy 115.364 establishes a first responder policy for residents who have alleged sexual abuse. Upon learning of an allegation that a resident was sexually abused, the first responder shall be required to check the following that apply: Separate the alleged victim and abuser; and preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period (72 hours) that still allows for the collection of physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, creating. The staff/first responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify his/her supervisor. The auditor's review of the staff training curriculum confirmed that staff are trained in the first responder duties upon hire and annually thereafter. Interviews with random staff and confirmed all were knowledgeable of their first responder duties as outlined in the training curriculum and according to the first Responder Guideline Sheet and First Responder</p>

	<p>Checklist. Interviews with medical and mental health staff, and non-security staff confirmed they would follow the same first responder protocols and notify security. The auditor's review of case files confirmed there were no sexual abuse incidents reported.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.365, Coordinated response; JCYD Institutional Plan; Flow Chart; Information Obtained During Interview with Director.</p> <p>115.365(a): Policy 115.365 establishes that the JCYDC shall coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and administration. The Director shall develop a written plan to coordinate actions of all staff in the event that a sexual assault occurs. The staff and facility reporting duties are as follows: any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse. Sexual Harassment or retaliation that is alleged to have occurred. All staff shall report immediately, within their shift duty, any staff neglect or violation of responsibilities that may have contributed to a sexual assault incident or retaliation. The supervisor shall immediately notify the Facility administrator or/designee. The First Responder initiates a critical incident report. An investigation shall be conducted and documented whenever sexual abuse is alleged, threatened or occurs. The Facility administrator/designee shall immediately notify the Facility PREA monitor and their investigator of the allegations. Contract service providers should follow the chain-of-command, as well as make notifications to community services. The Facility administrator/designee shall ensure that the alleged victim and aggressor are physically separated. A report shall be made to the Facility administrator and the designated investigator to confirm the separation of the victim from his or her assailant. Apart from reporting to designated supervisors, special investigators, law enforcement, and designated state agencies, staff are prohibited from revealing any information related to a Sexual Abuse report to anyone other than the extent necessary, as specified in Agency policy, to make treatment, investigation, and other security and management decisions. Medical and Mental Health practitioners are required to report Sexual Abuse up their chain-of-command, as well as follow mandatory reporting laws. The Alleged victim of sexual abuse shall be immediately referred for medical services to the CHIPs clinic at the Children's Hospital by way of emergency room. Immediate notification shall be made and documented by the Detention Administrator or/designee to Medical and Mental Health practitioners. An</p>

	<p>investigation should be first conducted by a specially trained investigator in the facility. If the Facility investigator determines the allegation is credible to indicate criminal activity then the Birmingham police should be called to conduct a criminal investigation. The JCYDC provided a Written Institutional Plan, 115.365 Institutional Plan, and Flow Chart outlining detailed information 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. The auditor's review of case files confirmed that none required full implementation of the coordinated response plan, however, staff actions were coordinated according to the plan to the extent necessary based on the nature of the complaint.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.366, Preservation of ability to protect residents from contact with abusers; Interview with Agency Head/Director.</p> <p>115.366(a): Policy 115.366 establishes that JCYDC nor the governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. An interview with the Director confirmed that Jefferson County nor JCYDC participates in collective bargaining agreements that limits the ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or to limit discipline of a staff member who is found guilty of perpetrating sexual abuse or violation of the facility's sexual abuse policies.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>

115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.367, PREA Agency protection against retaliation;</p>

Case Files; Protections Against Retaliation form, PREA form 115.367; Observations During Site Review; Information Obtained from Interview with Agency Head/Director, Deputy Director, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Retaliation Monitor.

115.367(a)(b)(c)(e): Policy 115.367 establishes that the JCYDC shall after learning a resident is subject to a substantial risk of imminent sexual abuse, take immediate action to protect the resident. The JCYDC shall protect all residents and staff who report sexual abuse or sexual harassment investigations from retaliation by other residents or staff. JCYDC shall employ multiple measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or 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 resident or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignment of staff. The JCYDC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status. If any other individual who cooperates with an investigation expresses fear of retaliation, JCYDC shall take appropriate measures to protect that individual against retaliation. JCYDC's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

There were no allegations of sexual abuse reported during the 12 months preceding the audit. The auditor reviewed the case files for allegations of sexual harassment and found that in each case, youth were separated by housing changes, as needed to ensure safety. Of the ten case files reviewed, seven were unfounded and three were substantiated. The facility monitored the resident victim for retaliation and documented the monitoring on the Protections Against Retaliation form for the three cases substantiated. The form indicates if the monitored party is a staff or juvenile, provides name, date of incident, and name of staff monitor. The form documents protective measures employed by the JCYDC including housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The form indicates that 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, and shall act promptly to remedy any such retaliation. Items the facility monitor are juvenile disciplinary reports, housing or program changes, negative performance reviews, and reassignments of staff. The form documents status checks on a weekly basis for up to 13 weeks and indicates if there is a

	<p>continuing need to monitor past 90 days. There were no residents at the facility during the site visit who reported sexual abuse to interview. Interviews confirmed that the facility has a zero tolerance for retaliation against residents or staff who report incidents of sexual abuse or sexual harassment. Residents and staff who report sexual abuse will be monitored for retaliation and measures will be taken 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 as required. Monitoring will occur weekly for up to 90 days or longer should it be deemed necessary.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard. The facility has exceeded this standard by completing retaliation monitoring for sexual harassment incidents.</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.368, PREA Post-Allegation protective custody; Case Files; Observations During Site Review; Information Obtained from Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Medical and Mental Health Staff (3), Random Staff (10), Shift Supervisors (2).</p> <p>115.368(a): Policy 115.368 establishes that the JCYDC shall only place residents who have suffered sexual abuse 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. JCYDC policy requires that residents who are placed in isolation because of alleged to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility will conduct a review every 30 days to determine whether there is continuing need for separation from the general population. Review of ten case files confirmed that no resident who alleged sexual harassment was placed in segregated housing as a result of reporting the incident. Interviews with residents who had been placed in segregated housing for other reasons confirmed that they had access to large muscle exercise, education and programming. Interviews with staff confirmed that the facility does not place residents who are victims of sexual abuse/sexual harassment in segregated housing. These interviews also confirmed that when a youth is in segregated housing for other reasons, they are allowed access to large muscle exercise, education and programming and are seen by medical and mental health daily.</p> <p>A systematic review and analysis of the evidence concluded that the facility has</p>

	demonstrated compliance with all provisions of this standard.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.371, Criminal and administrative agency investigations; Case Files; PREA Incident Tracking Spreadsheet; Information Obtained During Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Investigators (2).</p> <p>115.371(a)(b)(c)(d)(e)(f): Policy 115.371 establishes that the JCYDC conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to 115.334. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data: shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The agency shall not terminate an investigation solely because the source of the allegation recants the allegation. 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 credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. JCYDC shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.</p> <p>The facility has eight trained investigators. These investigators are authorized and trained to conduct administrative investigations only. The auditor reviewed the specialized training curriculum and training certificates, and general training records for all eight investigators. The Training Program Coordinator maintains documentation of this training. Interviews with two investigators confirmed their knowledge of the training received to include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. They also understood their limitations and when it is appropriate to stop the administrative investigation and forward the case to BPD for a criminal investigation. Interviews also confirmed that no resident victim would be required to submit to a polygraph</p>

during the investigation. The auditor’s review of ten cases files (sexual harassment) confirmed that all actions and response was documented in an incident report, residents were separated when necessary for safety, alleged victims, alleged perpetrators, and witnesses were interviewed, evidence was secured if applicable or available, proper notifications were made in reporting and documenting the incidents. A copy of the signed Person Admission PREA training form signed by the residents at admission is placed in the investigative files and reviewed with each youth by the investigator during the investigation to reinforce the zero-tolerance policies. The auditor recommended that the facility investigators receive additional training regarding reporting writing for investigative reports. The PREA Compliance Manager immediately created a new form to more clearly and thoroughly document PREA incidents and subsequent investigations and delivered training to investigators using the PREA Resource Center Specialized Training Module 8: Report Writing.

115.371(g)(i)(k): Policy 115.371 establishes that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews confirmed that all administrative investigations are submitted to the Deputy Director/PREA Coordinator for review at which time determinations will be made as to whether staff actions or failures to act contributed to the abuse and to ensure that the investigation file is completed. At any time that the incident appears to be criminal in nature, the case will be submitted for criminal investigation and prosecution.

115.371(h)(m): Administrative investigations are investigated by trained facility staff, and the BPD will conduct criminal investigations. Interviews with the Director, Deputy Director and Investigators confirmed that when outside agencies investigate sexual abuse, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. The Deputy Director/ PREA Coordinator will be the point of contact for the outside investigators. There have been no criminal investigations required since the last PREA audit.

A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.372, PREA Evidentiary standard for administrative investigations; Case Files; Information Obtained During Interviews with Deputy Director, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager; Investigators (2).</p> <p>115.372(a): Policy 115.372 establishes that the JCYDC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. JCYDC uses a standard of proof that is fair to all parties and appropriate for administrative action. The preponderance of the evidence requires that an allegation be substantiated when evidence shows that it is more likely than not that the alleged abuse occurred. Interviews confirmed that investigators were knowledgeable on how to substantiate sexual abuse allegations based on a preponderance of the evidence. The auditor’s review of ten case files confirmed that this standard of evidence was properly applied and documented.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.373, Reporting to Residents; Case Files; Information Obtained During Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Investigators (2).</p> <p>115.373(a): Policy 115.373 establishes that the JCYDC shall, following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the Detention Center did not conduct the investigation, it shall request relevant information from the investigative agency to inform the resident. Following a resident's allegation that a staff member has committed sexual abuse against the resident the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse; the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he or she has been sexually abused by another resident the agency shall subsequently inform the</p>

	<p>alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within a facility. All such notifications or attempted notifications shall be documented. An agency's obligations to report under this standard shall terminate if the resident is released from the agency's custody. The auditor's review of ten case files reported during the 12 months preceding the audit confirmed that there were no sexual abuse allegations. The PREA Compliance Manager and investigators confirmed that the alleged victims of the sexual abuse cases were notified verbally once the investigation concluded. The Director confirmed that notifications to the victim in sexual abuse cases would be provided by the investigator or the Deputy Director/PREA Coordinator. Interviews with the investigators confirmed they were knowledgeable about the notification requirements of this standard during a sexual abuse investigation.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.376, Disciplinary Sanctions for Staff; Case Files; Interviews with Agency Head/Director, HRM.</p> <p>115.376(a)(b)(c): Policy 115.376 establishes that The JCYDC staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who engage in sexual abuse. 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. 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, unless the activity was clearly not criminal, and to any relevant licensing bodies. The auditor reviewed ten case files investigated and none involved staff. The facility reported there were no staff terminated or disciplined for engaging in sexual abuse or for violation of PREA policies since the last PREA audit. Interviews confirmed that staff who engage in sexual abuse on residents will be terminated and reported to law enforcement and licensing bodies as appropriate. Additionally, staff who violate PREA policies will be held accountable for their actions and disciplined accordingly.</p> <p>A systematic review and analysis of the evidence concluded that the facility has</p>

	demonstrated compliance with all provisions of this standard.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.377, Corrective action for contractors and volunteers; Case Files; Information Obtained During Interviews with Director, Deputy Director.</p> <p>115.377(a)(b)(c): Policy 115.377 establishes that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with Juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. JCYDC 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>The auditor reviewed ten case files investigated during the audit period, and none involved contractors or volunteers. The facility reported there were no contractors or volunteers terminated or disciplined for engaging in sexual abuse or for violation of PREA policies since the last PREA audit. Interviews confirmed that contractors or volunteers who engage in sexual abuse on residents will be removed from facility access and reported to law enforcement and licensing bodies as appropriate. Additionally, volunteers or contractors who violate PREA policies will be held accountable for their actions and evaluated as to the appropriateness of their continued contact with residents.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.378, PREA Interventions and disciplinary sanctions for residents; Case Files; Information Obtained During Interviews with Director, Medical and Mental Health Staff (3), Disciplinary Hearing Officer.</p> <p>115.378(a)(b)(c): Policy 115.378 establishes that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an</p>

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 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. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible. The disciplinary process shall 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. The auditor's review of case files found there were three sexual harassment cases substantiated. In each case the resident was counseled on PREA policies and appropriate behaviors. Interviews confirmed that disciplinary sanctions will 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. In the event a disciplinary sanction results in segregation of a resident from general population, the resident will not be denied daily large-muscle exercise or access to educational programming or special education services and other programming. Residents in isolation shall receive daily visits from medical or mental health staff.

115.378(d): Policy 115.378 establishes that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education. Interviews with mental health staff confirmed that residents may be offered participation in counseling for interventions to address sexual abuse tendencies, but their participation is voluntary unless it is court ordered as part of their conditions of confinement.

115.378(e)(f): Policy 115.378 establishes that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. JCYDC prohibits all sexual activity between residents and may discipline residents for such activity. JCYDC may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The auditor reviewed ten case files and determined there were none involving staff. Interviews confirmed there were no disciplinary actions taken against any residents for sexual contact with staff since the last PREA audit and no residents have been disciplined for making a false report. No sexual abuse allegations were reported during the audit period.

	A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.381, Medical and Mental Care; Risk Screening Instruments; Mental Health Referrals; Information Obtained During Interviews with Intake Staff (4), Medical and Mental Health Staff (3).</p> <p>115.381(a)(b)(c)(d): Policy 115.381 establishes that the JCYDC shall screen all new residents admitted to the JCYDC. 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening pursuant to § 115.341 indicates that a juvenile has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, eras otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting unless the juvenile is under the age of eighteen.</p> <p>The facility provided documentation for four mental health referrals of (2) residents who disclosed prior sexual victimization and (3) displaying self-injurious behaviors and subsequent documentation indicating the residents met with a mental health provider within 24 hours and received a mental health evaluation. The facility provided a list of residents (28) admitted between June 26, 2024-May 9, 2025, who disclosed prior victimization during the risk screening assessment and five youth were still at the facility. Interviews with mental health staff confirmed that they see all new residents within 72 hours, but if they receive a referral to mental health based on the risk assessment, they will attempt to meet with the resident sooner. The auditor also reviewed a mental health referral form for one resident who with a sexual abuse charge and documentation provided confirmed the youth met with a mental health provider within 24 hours. Interviews with intake staff confirmed that a mental health referral is made when a resident discloses prior victimization during the risk screening at intake or if the resident is determined to have a sex charge/ conviction. Interviews with medical and mental health staff confirmed that they</p>

	<p>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 eighteen, in which case, they are mandatory reports.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard. Documentation demonstrates that mental health providers consistently meet with residents who are referred within 24 hours, and depending on the urgency of the situation sooner; thereby exceeding the requirements of provision (a).</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.382, Access to emergency medical and mental health services; Case Files; Agreement between JCYDC and CHIPS; Agreement between JCYDC and Crisis Center, Inc.; Agreement between JCYDC and Premier Mental Health; Information Obtained During Interviews with Director, Medical and Mental Health Staff, First Responders (5),</p> <p>115.382(a)(b)(c): Policy 115.382 establishes that the JCYDC shall ensure that resident 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 professional judgment. 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. Resident 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. 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.</p> <p>The auditor reviewed case files and concluded none required emergency medical or mental health services. Interviews with medical and mental health staff confirmed that resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services at CHIPS or Crisis Center, Inc. as determined by medical and mental health practitioners according to their professional judgment. They also explained that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, and pregnancy tests in accordance with professionally accepted standards of care,</p>

	<p>where medically appropriate. This information will be provided at the CHIPS or Crisis Center, Inc. and prescribed treatment will be continued by facility medical and/or mental health providers. Resident victims will never be charged for treatment services, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Security and non-security first responders interviewed confirmed that they have been trained in the steps to take to protect a victim of sexual abuse until such time they can be seen by the appropriate medical and mental health staff.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Reviewed: Policy 115.383, Ongoing medical and mental health care for sexual abuse victims and abusers; Information Obtained During Interviews with Medical and Mental Health Staff (3).</p> <p>115.383(a)(b)(c)(d)(e)(f)(g): Policy 115.383 establishes that the JCYDC 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. The evaluation and treatment of such victims shall 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. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from sexual abuse while the victim was incarcerated, the resident shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. 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.</p> <p>Interviews with medical and mental health staff confirmed that resident who have been victims of sexual abuse in any prison, jail, lockup, or juvenile facility will receive treatment and crisis intervention services. Depending on how recent the incident occurred, and the services required, services may be provided at CHIPS or Crisis Center, Inc. as determined by medical and mental health practitioners according to their professional judgment. Otherwise, continued treatment will be</p>

	<p>provided by medical and mental health staff at JCYDC. They also explained that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, and pregnancy tests in accordance with professionally accepted standards of care, where medically appropriate. Evaluation and treatment will include follow-up services, treatment plans, and referrals for continued care following the resident's transfer to another facility or their release from custody. Resident victims will never be charged for treatment services, regardless of whether the victim cooperates with the investigation or names the perpetrator. Medical and mental health services provided to residents at JCYDC are consistent with community level of care. Interviews with medical staff confirmed that pregnancy tests will be conducted on female residents as indicated. Youth with a history of sexual activity will be counselled and offered sexually transmitted infections prophylaxis as indicated. There were no residents at the facility who reported sexual abuse to interview.</p> <p>115.383(h): Policy 115.383 establishes that the facility shall 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. Based on interviews and review of case files, the facility identified no resident-on-resident abusers during the audit period; however, should the facility learn of a resident with such abuse history, a mental health evaluation will be conducted by a mental health practitioner.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.386, PREA, Sexual abuse incident review; Case Files; PREA Incident Tracking Spreadsheet; Information Obtained During Interviews with Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager, Medical and Mental Health Staff (2), Investigators (2).</p> <p>115.386(a): Policy 115.386, establishes that the JCYDC shall 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall consider whether the</p>

	<p>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, or sexual orientation; 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; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, including but not necessarily limited to determinations made, and any recommendations for improvement and submit the to the Director and PREA Coordinator. The facility shall implement the recommendations for improvement, or document its reasons for not doing so.</p> <p>The auditor confirmed during interviews that there have been no sexual abuse allegations received during the 12 months preceding the audit; therefore, no incident reviews have been necessary. Additionally, the auditor interviewed members of the incident review team and confirmed their knowledge and understanding of the requirements of 115.386. The Director explained that any recommendations made by the sexual abuse incident team would be given serious consideration for implementation. The facility indicated on the PREA Incident Tracking Spreadsheet that incident reviews were completed for the three substantiated sexual harassment cases; however, there was no documentation available for review to indicate they were reviewed following the provisions of this standard. Since incident reviews are not required to be conducted on sexual harassment cases, the facility has met the requirements of this standard.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.387, Data Collection; PREA Incident Tracking Spreadsheet; Case Files; Website; 2024/2025 PREA Annual Report; Information Obtained During Interviews with Director and Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager.</p> <p>115.387(a)(b)(c)(d): Policy 115.387 establishes that the JCYDC shall collect accurate, uniform data for every allegation of sexual abuse at the JCYDC under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted</p>

	<p>by the Department of Justice. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The PREA Compliance Manager confirmed that all allegations are tracked on the PREA Incident Tracking Spreadsheet and provided the auditor with an updated copy of the document during the site visit. Incident-based data is aggregated annually and included in the facility’s annual report which is published to its public website at www.jccal.org. The last SSV requested by DOJ was for 2023.</p> <p>115.387(e): As determined in 115.312, the facility does not contract with other facilities for confinement of its residents; therefore, this provision is not applicable.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed: Policy 115.388, PREA Data review for corrective action; Case Files; PREA Incident Tracking Spreadsheet; PREA Annual Reports; Website; Information Obtained During Interviews with Agency Head/Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager.</p> <p>115.388(a)(b)(c)(d): Policy 115.388 establishes that the JCYDC shall 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 identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report shall be 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. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the redacted material.</p> <p>An interview with the Director confirmed that she meets with the PREA Coordinator and PREA Compliance Manager on a weekly basis to review and assess incidents. Information collected related to sexual abuse and sexual harassment incidents is</p>

	<p>particularly evaluated to identify improvements that may be implemented for the PREA program. An interview with the PREA Coordinator and PREA Compliance Manager confirmed that PREA incident data is collected and aggregated and then reviewed to improve the effectiveness of the facility's PREA program. Data is securely retained in the PREA Compliance Manager's office. These reports are prepared collectively by the PREA Coordinator and PREA Compliance Manager. The annual report includes findings from the review of aggregated data.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed: Policy 115.389, PREA Data storage, publication, and destruction; Website; 2024/2025 Annual Report; Information Obtained During Interviews with the Director, Deputy Director/PREA Coordinator, and Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager.</p> <p>115.389(a)(b)(c): Policy 115.389 establishes that the JCYDC ensures that data collected pursuant to 115.387 are securely retained. The JCYDC shall make all aggregated sexual abuse data readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, the JCYDC shall remove all personal identifiers. JCYDC shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>The auditor's review of the facility's annual report and interviews confirmed that no personal identifiers are included in the information made publicly available. During the site review the auditor observed that data pursuant to 115.387 are securely retained in the PREA Compliance Manager's office or securely in the facility's database with password protection.</p> <p>A systematic review and analysis of the evidence concluded that the facility has demonstrated compliance with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p>

	<p>Evidence Reviewed: Information Obtained from Interviews with the Director, Deputy Director/PREA Coordinator, Youth Detention Compliance/Training Program Coordinator/PREA Compliance Manager; Observations During Site Review.</p> <p>115.401(a)(b)(h)(i)(m): JCYDC is a stand-alone facility. JCYDC’s last PREA audit was conducted on August 15, 2022, within the third PREA Audit Cycle. The final report was published on March 12, 2023. The auditor had full access to all areas of the audited facility. The facility promptly provided the auditor with copies of requested documents and information. The auditor randomly selected all youth interviewed from the daily census roster. The facility provided a private setting for the auditor to interview residents.</p> <p>115.401(n): Audit Notices were provided to the facility in English and Spanish on April 10, 2025, and posted as directed by the auditor on April 14, 2025. Areas of posting included A, B, C, D, E, F Housing Units; Dining Room; Visitation Area; Intake Area; Facility Entry; Shower Areas; Outside the Supervisor’s Office; Detention Information Board. Audit Notices included accurate information for corresponding with the auditor by mail and that all correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following: if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); allegations of suspected child abuse, neglect or maltreatment; in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f): JCYDC has published on its website the last PREA audit report conducted on August 16, 2022. This report can be found at www.jccal.org .

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.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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.)	na
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	yes

	functions of the facility? (N/A for non-secure facilities)	
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)	na
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	yes

	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?	
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:	yes

	Residents who have speech disabilities?	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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 evidentiarily 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 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.)	na
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	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
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	yes

	entity or office that is not part of the agency?	
	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.)	na
	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.)	na
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.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
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.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
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.)	na
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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
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.)	yes
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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