

**PREAAUDITREPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: March 11th 2016

Auditor Information			
Auditor name: Heidi de Villiers			
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Email: hr.devilliers@gmail.com			
Telephonenumber: 256-374-9743			
Date of facility visit: 2/17/16 – 2/18/16			
Facility Information			
Facility name: Neaves-Davis Center for Children			
Facility physical address: 817 Cook Ave, Huntsville AL 35801			
Facility mailing address: (if different from above) N/A			
Facility telephonenumber: 256-532-0330			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Jacques Cothren			
Number of staff assigned to the facility in the last 12 months: 57			
Designed facility capacity: 48			
Current population of facility: 6			
Facility security levels/inmate custody levels: Maximum			
Age range of the population: 10-18 years of age			
Name of PREA Compliance Manager: Lisa Wilcox		Title: Compliance Manager	
Email address: lwilcox@madisoncountyal.gov		Telephonenumber: 256-532-0338	
Agency Information			
Name of agency: Neaves-Davis Center for Children			
Governing authority or parent agency: (if applicable) Madison County Commission			
Physical address: 817 Cook Ave Huntsville AL 35801			
Mailing address: (if different from above) Click here to enter text.			
Telephonenumber: 256-532-0330			
Agency Chief Executive Officer			
Name: Jacques Cothren		Title: Chief Probation Officer	
Email address: jcothren@madisoncountyal.gov		Telephonenumber: 256-532-0314	
Agency-Wide PREA Coordinator			
Name: Lisa Wilcox		Title: Compliance Manager	
Email address: lwilcox@madisoncountyal.gov		Telephonenumber: 256-532-0338	

AUDIT FINDINGS

NARRATIVE

The Neaves-Davis Center for Children provides Juvenile Probation Services for Madison County in the State of Alabama. The facility has the capacity to provide maximum secure level housing for up to 48 juveniles (male and female). It is operated by Madison County in accordance with licensing standards set forth by the Alabama Department of Youth Services. The Neaves-Davis Center for Children serves as a secure detention facility for delinquent juveniles detained by court order pending court hearings or acceptance into rehabilitative treatment programs.

The facility employs 57 staff which include: Chief Probation Officer, Director of Detention Care Services, 19 Probation Officers, 1 Probation Officer Aide, 23 Detention Officers and 12 support personnel.

The Neaves – Davis Center for Children posted the required PREA notice of the upcoming audit 6 weeks before the on-site portion of the audit was due. As of February 16th 2016 there had been no confidential communications received by the Auditor from residents or staff. The Pre Audit Questionnaire was completed and returned to the Auditor as required and a documentation review was completed. The auditor sent questions generated from an initial review of the documents. These questions were answered fully and to the satisfaction of the auditor.

A sincere appreciation is extended to Jacques Cothren and his staff of the NDCC. They are committed to ensuring a high level of sexual safety and have been professional throughout the whole process. Thank you also to PREA Coordinator Lisa Wilcox, for her commitment to the Prison Rape Elimination Act and its implementation throughout the NDCC.

The on-site PREA Audit was conducted February 17-18th 2016. Present at the entrance meeting were Jacques Cothren – Chief Probation Officer, John Riise – Director of Detention Care Services, Lisa Wilcox – PREA Compliance Manager, Scott Biss – Intake Supervisor, Wyman Daniels – Detention Supervisor, and Jeredith Brown – Probation Supervisor. A brief overview of what the audit would entail was discussed and the previously submitted time frame for audit activities was confirmed. On this day the population count for The Neaves – Davis Center for Children was 6. The average length of stay was reported as 22 days.

After the entrance meeting, a tour with the Director of Detention Care Services, PREA Coordinator and the auditor was conducted. Noted during the tour:

- ◆ camera placements in each area designed to eliminate any blind spots. Classrooms each have two cameras covering both ends of the room
- ◆ notices pertaining to First Responder duties throughout staff areas
- ◆ all doors required to be locked were tested and were locked, including bathrooms and showers rooms not in use
- ◆ male staff announced their presence on female pods despite a male only population at the time of the visit
- ◆ single occupancy rooms have a 45 degree angled wall to eliminate blind spots within the room

Following the tour, interviews were conducted with the Chief Probation Officer, Director of Detention Care Services, PREA Coordinator, Medical staff, Detention Supervisor, and 1 contractor (teacher). A total of 11 randomly chosen staff were interviewed: 4 from first shift, 4 from second shift and 3 from third shift.

There were 6 residents in total at the facility and all residents were interviewed. There were no residents who identified as being gay, transgendered or intersex. No residents had reported any incidents of sexual abuse. No residents had limited English proficiency.

After the interviews were conducted, employee files were reviewed as to training and background checks. Documentation pertaining to resident intakes was reviewed as well as the process for recording staff alerts.

There have been no allegations of sexual abuse or sexual harassment received by the facility in the previous 12 months.

At the conclusion of the on-site visit, a short debriefing was held with the Chief Probation Officer, Director of Detention Care Services and the PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Neaves-Davis Center for Children is located at 817 Cook Ave in the city of Huntsville, Alabama. The agency is governed by Madison County Commission. It is a maximum security level detention center. The mission statement explains that NDCC is part of a larger process including law enforcement, the courts, intake, probation, community – based treatment programs, volunteer programs, state training schools, and aftercare.

The physical plant consists of a single building which houses 6 multiple occupancy cell housing units, pods labeled A-F, for juvenile detention. Residents attend classes taught at the facility by teachers contracted from Huntsville City Schools. The facility includes a large multi purpose gymnasium and an outdoor fenced-in recreation area. The facility houses male and female residents. At the time of the audit there were 6 residents and all were male.

Each unit or pod contains 8 separate sleeping areas. Each pod is designated either male or female. NDCC employs both male and female staff. Current ratios were: 7:6 during waking hours and 5:6 during sleeping hours.

All areas of the facility are under direct supervision of staff. The monitor station is placed to allow maximum staff supervision.

SUMMARY OF AUDIT FINDINGS

The Neaves – Davis Center for Children is compliant with the PREA Standards for Juvenile Facilities. It was apparent during the on-site portion of the visit that staff are committed to the well-being of the children under their care. All residents reported to feeling safe within the facility. There were several staff named by each resident as someone who they would trust to make a report of sexual abuse or sexual harassment without fear of retaliation. All residents were well versed in PREA. All staff interviewed were well versed in their first responder duties.

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 0

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

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

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

Policy number 115.311 states that the facility employs a zero tolerance policy towards all forms of sexual abuse and sexual harassment. The Zero Tolerance Policy mandates that Neaves-Davis Center for Children (NDCC) is committed to providing an environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. The policy provides definitions related to sexual abuse and harassment and a partial list of sexual harassment/abuse examples. The policy outlines NDCC approach to prevent, detect, and respond to such conduct. The employee handbook also outlines policies and procedures that pertain to sexual abuse and harassment. Zero tolerance posters were displayed throughout facility. The facility Compliance Manager serves as the PREA Coordinator. During the interview, the Compliance Manager stated that she had sufficient time and authority to develop, implement, and oversee NDCC efforts to comply with PREA standards. Interviews with the Chief Probation Officer and Director of Detention Care Services also confirmed that the Compliance Manager has been given the appropriate authority to carry out her duties. NDCC is a stand alone facility thus there is one designated person to coordinate the facility's efforts to comply with PREA standards.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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NDCC does not contract confinement of residents with private agencies. Policy 115.312 states that when confinement is required it is done through a state agency, these agencies comply with all mandated standards including but not limited to PREA standards. A statement of non-occurrence confirms that when continued confinement is required, the juvenile would be sent to Alabama Department of Youth Services which all comply with PREA standards.

Standard 115.313 Supervision and monitoring

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

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NDCC has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing. In addition to supervision and monitoring, the agency uses video monitoring. NDCC policy requires minimum ratios of 1:8 during waking hours and 1:16 during resident sleeping hours. This is in compliance with generally accepted juvenile detention and correctional/secure residential practices. Only security staff are included in this ratio.

It is notable to mention that at the time of the site visit the ratio was 7:6 during waking hours and 5:6 during sleeping hours.

Video cameras are utilized to cover all blind spots. As will be covered by standard 115.315 these cameras do not interfere with a resident's right to shower, perform bodily functions, and change clothing without being viewed a nonmedical staff of the opposite gender.

The auditor was interested to learn that the detention center was designed to structurally eliminate blind spots as much as possible. Each pod contains single rooms which contain a 45 degree angled wall to eliminate corner blind spots within the room.

A vulnerability assessment had been conducted and provided to the auditor. There were no blind spots noted and no areas of deficiency noted.

NDCC ensures that all hidden or secluded areas such as janitor closets or laundry rooms are monitored and the doors are kept locked and secured when these rooms are not in use. This was confirmed during the tour when the auditor attempted to open each door containing a sign that this door was to be locked when not in use. Each door was locked.

NDCC are required to hire male and female staff. Staff are hired according to bed space capability not as to population count. This ensures that the ratio is always adhered to. Staff are placed as to gender population and need. There have been no incidents, substantiated or unsubstantiated, of sexual abuse at the facility at the time of this report. In interviews with the PREA Coordinator and the Director of Detention Care Services it was expressed that any incidents would be taken into consideration when reviewing staffing levels and monitoring needs.

There were no deviations from the staffing plan. The Director of Detention Care Services is also responsible for payroll and timekeeping and reviews staffing levels on a weekly basis as part of his responsibilities. Policy number 1.59 Review of Staffing Requirements states that the Director of Detention Care Services reviews staffing requirements for all staff positions on a quarterly basis to ensure that residents' needs are met. This evaluation includes consideration of legal requirements, existing needs, staff required for training, annual and sick leaves, other authorized absences, and any suggestions from detention care supervisors or other staff. Interviews with detention care supervisors and the PREA Coordinator confirmed that they are indeed included in this quarterly review.

According to policy pertaining to Supervision and Monitoring, Shift Supervisors conduct unannounced rounds to each pod to deter any potential sexual abuse issues. These rounds are to be documented in each pod log book. Staff are prohibited from alerting other areas of the unannounced inspections. This was confirmed during a tour of the facility via a review of each log book by the auditor. Auditor noted that unannounced rounds are conducted on each shift and these rounds are conducted at a different time each shift so as to increase the unpredictable nature of the rounds. Interviews with Shift Supervisors confirmed this practice.

Noteworthy also is that during an interview with the Director of Detention Care Services, he mentioned that he frequently makes unannounced visits at night and during the weekends. This has been his practice for many years so as to encourage compliance at all times. This was in addition to the unannounced rounds conducted by Shift Supervisors. However, these visits were viewed as informal so have not been documented thus far. The auditor recommended that a form be developed to document these visits so as to provide further evidence that the facility practice exceeds this particular standard. The document was developed the same day and will be implemented into practice upon subsequent visits.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

NDCC enforces a zero tolerance policy regarding cross-gender searches. Staff training does cover cross-gender viewing and searches but staff are prohibited from doing so according to policy. Male staff supervise male residents during the admission process and female staff supervise female residents during the intake process. Body cavity searches are only conducted by medical personnel when required. Policy states that showers and toilet areas will be kept private and will not be video recorded. As was mentioned during the narrative to standard 115.313, cameras have been installed to eliminate blind spots throughout the facility. As was confirmed during the tour, the cameras are trained so as to view the doors to each single room but not the interior. The cameras are also trained towards the outside of the shower room but again, so as not to view the interior thus a resident has privacy to shower, perform bodily functions, or to change clothes without being viewed by any staff. Showers are conducted one at a time. Staff of the opposite gender are required to announce their presence upon entering a unit. During the tour staff were noted to announce their presence. The auditor finds it noteworthy to mention that even though there were no female residents in the population at this time, male staff still announced their presence when entering the female designated unit/pod. NDCC policy prohibits examining a resident solely to determine genital status. This information is determined through conversations with the resident, by reviewing relevant medical records or through a medical examination conducted in private by a medical practitioner and only as part of a broader medical examination. Training as to how conduct such searches is provided however in accordance with the standard.

All staff interviewed stated that pat down searches were not conducted at the facility. When asked about shower routines and bathroom breaks each staff member related that showers were conducted one at a time and staff did not enter the bathroom or shower area while a resident was undressed. Male staff stated that they would never search a female resident under any circumstances and female staff stated they would never search a male resident under any circumstances. When asked about exigent circumstances all staff related that there was always male and female staff in the building so opposite gender searches would never happen. When pressed further staff were able to relate training as to how conduct searches.

All residents interviewed related the same practice. All residents stated that female staff announced their presence before entering a unit.

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

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

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

Upon admission, NDCC policy 115.316 states that personnel will alert medical staff and the detention director of any juvenile who reports a disability. Policy also states that personnel should alert the same staff should they have any suspicion regarding a disability the resident may have but has not reported. Arrangements will be put in place immediately following an evaluation to provide the resident with assistance needed. Medical assistance is provided by the nurse or outside health care provider approved by NDCC medical staff, or facility staff who has received training as required. Interpretive services are provided on an as needed basis. The Huntsville Police Department employs officers who can assist in translating during the intake process. Once placed in detention, the juvenile is provided with an attorney fluent in their language. Madison County Jail system also provides translators as does Huntsville City Schools. PREA materials were provided to the auditor in English, and Spanish. As a Spanish speaker, the auditor was able to confirm that the materials were comprehensive and easy to understand. At no time is a resident permitted to provide translation services to another resident. Interviews with both staff and residents confirmed this to be the case.

In the past 12 months there have been no instances where resident interpreters, readers, or other types of resident assistants have been used. Also worth mentioning is that the NDCC has designated a Detention Supervisor to develop relationships with, and use the expertise of detention staff, advocacy groups, non-profit organizations, agencies of government, and others that have relevant knowledge and experience.

Standard 115.317 Hiring and promotion decisions

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

- Does Not Meet Standard (requires corrective action)

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

NDCC policy 115.317 states that criminal background checks are conducted on any potential employee as well as on contractors and volunteers utilized by the facility. These background checks are also conducted every five years as required by the standard. These background checks are conducted by the Madison County Personnel Department. Evidence that criminal background checks have been completed were produced as well as evidence that each employee had passed. After reviewing the documentation the auditor noted that there was no documentation from the local child abuse registry: Madison County Department of Human Resources (DHR). Interviews with the PREA Coordinator and Director of Detention Care Services confirmed that this step had been omitted. All other steps of hiring and promotion decisions meet this standard as evidenced by reviewing personnel file documentation and interviews with staff. At the time of this report however, Madison County DHR had completed checks on all employees. A memorandum outlining the changes had been circulated and the policy and procedure had been implemented. This auditor is confident that the facility has met this standard and will continue to do so. A corrective action period was not initiated as the standard had been met within a week of the site visit.

Standard 115.318 Upgrades to facilities and technologies

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

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NDCC policy 115.318 requires that all upgrades to the facility and to technologies are compliant with the zero tolerance policy towards sexual abuse and sexual harassment. This was supported by interviews with the Chief Probation Officer, PREA Coordinator, and Director of Detention Care Services. As has been mentioned, the building was designed and built as a detention center, taking into consideration the specific need to eliminate blind spots. This was further enhanced with video monitoring 15 years ago. While there have not been any upgrades to the facility or to the technologies it should be noted that the primary consideration would be to further improve the environment of physical and sexual safety of the residents.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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made staff have been trained in first responder duties so as to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

An MOU between the NDCC and Huntsville Hospital states that any time that an incident of sexual abuse is discovered or reported within 72 hours of the incident, the victim will be transported to Huntsville Hospital. ER personnel will contact a SANE to conduct a forensic medical exam. The MOU also states that Huntsville Hospital allow the victim contact with a victim advocate if victim so requests. Forensic medical examinations are offered without financial cost.

NDCC has an MOU with Crisis Services of North Alabama (CSNA). CSNA provides victim advocacy and crisis intervention services. The MOU states that all advocates are trained and aware of PREA guidelines. A handout from the Alabama Coalition Against Rape (ACAR) website is given to each resident upon intake outlining FAQs relating to victim advocate services.

In as much as NDCC is not responsible for conducting administrative or criminal abuse investigations an MOU has been entered into between the NDCC and Madison County Sheriff's Office. Madison County Sheriff's Office agree to ensure that all investigators are trained in sexual abuse investigation and are aware of PREA guidelines.

It was confirmed by the auditor that both CSNA and Madison County Sheriff's Office had adopted the requirements of PREA.

All employees at NDCC receive training from both a webinar and the CSNA concerning sexual assault and forensic examination issues in general. The PREA Coordinator has been designated to serve as a qualified staff support member in the event that a victim advocate is not immediately available through CSNA.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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All allegations are documented through an incident report or grievance reporting process. Once this report has been completed, detention supervisors review and forward to the Director of Detention Care Services and Chief Probation Officer. These allegations are then referred to the Madison County Sheriff Department for further investigation.

All persons employed at the NDCC are mandatory reporters. NDCC zero tolerance policy and procedures for investigating sexual abuse and sexual harassment charges are posted throughout the facility and are explained during the hiring process of new employees. The auditor was provided with copies of these policies which clearly outline the steps taken when a report is made by a resident from either within the facility or from the community. Staff are to contact Madison County Sheriff Department and Madison County DHR for all allegations of sexual assault.

11 interviews with staff were conducted and each staff member was able to outline their duties as regards reporting all allegations of sexual abuse and harassment. When asked as to who conducts these investigations all staff reported that Madison County Sheriff's Department were responsible for conducting investigations.

Standard 115.331 Employee training

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

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corrective actions taken by the facility.

Staff at NDCC view power point presentations , attend seminars, and read related materials to receive training in the PREA curriculum. Staff are required to watch a video provided by the National Institute of Corrections (NIC) and pass a 30 question post – assessment. A score of 80% is needed to pass the course. The video covers all required training topics. This training is mandatory and is conducted annually and spans 8 hours. File reviews confirmed each staff had received this training and all had passed with a score of 80% or higher. A certificate is issued upon course completion.

A total of 11 random staff were interviewed. They were confirmed they were trained on the topics covered. When prompted all were able to answer questions confirming that the training was understood. All staff had received a refresher training within the last three months. 5 staff members mentioned that training was provided throughout the year.

Standard 115.332 Volunteer and contractor training

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

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Volunteers utilized by the NDCC are constantly supervised by detention staff. The volunteers have limited contact with residents. All volunteers have signed documentation stating that they fully understand the zero tolerance policy.

Contractors utilized by the NDCC consist of teachers employed by the Huntsville City School district. Each teacher is trained in sexual harassment policies under the school district and have also received a copy of the zero tolerance policy. A review of personnel files confirm that each teacher has attended the same online video course provided to detention staff. Each teacher has a Certificate of Completion with a pass rate of 80% or higher.

An interview was conducted with a contractor (teacher). The contractor was able to relate the various training topics covered by the training video and was able to repeat the NDCC zero tolerance policy.

Standard 115.333 Resident education

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

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Policy 115.333 related to Resident Education stated that all residents receive a Rule Book and pamphlets upon intake which outline NDCC’s policy on sexual abuse and sexual harassment.

Pamphlets that the resident receives upon intake: “Naves Davis Center for Children Guide to Preventing and Reporting Sexual Misconduct”, “What You Should Know About Sexual Abuse and Assault”, “PREA Orientation – Facts That Every Juvenile Should Know.” This information also outlines the steps taken when a report is made. At the time of admission, detention staff inform residents of the incident reporting policy. Residents sign documentation stating that they have received this information and that they have understood it. Translators or other special assistance are made available to residents requiring these services. Pamphlets and handbooks are located

throughout the facility for residents use including copies of the PREA Orientation kept in each Pod. Residents returning to NDCC from another facility undergo the intake process to reacquaint them with the zero tolerance policy. On the day of the site visit the resident population total was 6. All 6 residents were males. All residents were interviewed by the auditor. The residents had been at the facility from 2 weeks to 9 months. All 6 were able to relate the facility zero tolerance policy. 6 residents reported receiving this information upon admission. They were also able to confirm that the PREA Orientation booklet was available on the Pod to them upon request.

Standard 115.334 Specialized training: Investigations

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

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NDCC does not conduct sexual abuse investigations. NDCC utilizes an incident report and grievance system for all residents. When an incident report or grievance is filed by a resident or staff member, the upper level detention supervisory staff review. All reports of sexual abuse/sexual harassment are forwarded to the Director of Detention Care Services and the Chief Probation Officer. If further investigation is warranted, the Madison County Sheriff Department are contacted as is Madison County DHR. The Madison County Sheriff Department is responsible for conducting investigations of a criminal nature. NDCC has established an MOU with the Madison County Sheriff’s Department. Madison County Sheriff’s Department agree to ensure that all investigators are trained in sexual abuse investigations and are aware of PREA guidelines. Madison County Sheriff’s Department also agree to conduct all investigations in a timely manner and report all findings to the Chief Probation Officer of the NDCC.

Standard 115.335 Specialized training: Medical and mental health care

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

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NDCC does not employ a full or part time mental health practitioner. NDCC has an agreement with the Huntsville-Madison County Mental Health Center to provide mental health services to children referred by the Madison County Juvenile Court and the NDCC. A licensed mental health counselor is appointed to the NDCC by the Mental Health Center. The mental health counselor assigned to the NDCC has received the training mandated for volunteers under standard 115.332. NDCC employs full and part time medical nursing staff. Documentation was provided as evidence that the medical staff have received additional training in Advanced Correctional Healthcare as to how PREA relates specifically to medical staff. Medical staff at the NDCC do not perform forensic examinations.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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The NDCC utilizes an Initial Health Screening instrument to ascertain information pertaining to prior victimization. Also utilized are a Social History questionnaire and a Risk Assessment Instrument to obtain information from residents. NDCC uses information gathered from these instruments, court records, and in interviews with the resident upon arrival to identify residents with potential vulnerabilities or tendencies of acting out with sexual aggressive behavior within 24 hours of a resident's arrival at the facility. Upon notification that a resident has potential vulnerabilities or tendencies of acting out with sexual aggressive behavior, the facility staff notify the Juvenile Court Liason with the Mental Health Center. Detention staff monitor and provide appropriate treatment as decided by the Juvenile Court Liason. Such residents are identified to staff on a need to know basis via a "Staff Alert Sheet." All such information remains confidential and is only shared with designated staff.

Resident interviews confirmed that these assessments were completed on the first day. All residents remembered being asked questions related to their orientation, previous victimization and whether they felt they were in any danger of sexual abuse at this facility. It was encouraging to the auditor that all residents reported to feeling safe and free from judgement.

Standard 115.342 Use of screening information

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

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

NDCC uses all information obtained pursuant to standard 115.341 to make housing assignments. NDCC residents are housed on pods which contain 8 separate sleeping areas. Each pod is designated male or female. No member of the opposite sex are housed on the same pod. Although residents do receive room restriction as a means to ensure safety, isolation is never used at the NDCC. Room restriction does not exceed 72 hours. If necessary, a resident may be placed in a separate pod away from other residents. During this time a resident will continue to receive education, exercise, mental health visits if required, and all other programming offered to other residents. Lesbian, gay, bisexual, transgender or intersex residents are not placed in particular housing, bed, or other assignments based solely on identification status nor does the NDCC consider lesbian, gay, bisexual, transgender, or intersex an indicator of likelihood of being sexually active. In deciding whether to assign a transgender or intersex resident to a unit for male or female residents, and in making other program assignments, the facility considers each on a case by case basis. This practice was confirmed in interviews with the PREA Coordinator, Chief Probation Officer, Director of Detention Care Services, and Detention Supervisors who each confirmed that although they had had no transgender or intersex residents, the resident's own views with respect to his or her safety would be given serious consideration. It is the policy of NDCC that each resident may take his or her shower in privacy. NDCC is not a long term housing facility with the average stay being 30 days.

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

NDCC provides multiple ways in which a resident can privately report sexual abuse and sexual harassment. By using the incident reporting process the information can be documented privately. Residents may also contact any detention employee at any time to report an occurrence. Residents can also use the grievance procedure to file a grievance against a staff member or other resident. This information is kept confidential. Posters containing a hotline number to make a report of sexual assault were posted throughout the facility in both resident and staff areas. Interviews with staff confirmed that staff would accept all reports made whether the report was verbal, in writing, or from an anonymous third party.

Both staff and residents are able to report to the Crisis Services of North Alabama – an entity that is not part of the agency. Staff interviewed were able to number multiple ways in which to report an incident of sexual abuse and sexual harassment. They were aware they could make reports privately if need be.

Residents interviewed were able to tell the auditor of multiple ways in which to report an incident.

NDCC does not detain residents solely for civil immigration purposes. The PREA Coordinator had ordered the Consular Notification and Access Manual should the need arise in the future.

Standard 115.352 Exhaustion of administrative remedies

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

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

NDCC employs administrative procedures to address resident grievances regarding sexual abuse. There is no time limit imposed for the reporting of sexual abuse. An incident of sexual abuse or sexual harassment does not require an informal grievance process, or attempt to resolve with staff. NDCC will defend against any lawsuit filed by a resident regardless of the statute of limitations. All allegations of sexual abuse or sexual harassment are forwarded to Madison County Sheriff's Department for investigation. NDCC issues a final decision on the grievance, incident report or verbal report within 24 hours of receipt by the Detention Supervisor. This decision may include, but is not limited to, continued criminal investigation by the Madison County Sheriff's Department. If continued action is required an extension of up to 70 days may be filed. The resident is informed in writing of this extension and it is the policy of NDCC that the resident is kept abreast of the investigation throughout the investigation process. Third parties are permitted to assist the resident in filing requests for administrative remedies and may file on the resident's behalf. If the third party other than parent or legal guardian files the grievance, the victim must agree to the request. If the resident declines the request the NDCC documents this. A parent or legal guardian may file grievances of sexual abuse or sexual harassment, including appeals, without the condition upon the resident agreeing to have the request filed on their behalf. NDCC policy states that any resident of substantial risk of imminent sexual abuse shall be provided whatever conditions are needed to keep the resident safe. Any emergency grievance filed in this circumstance is reviewed and action taken within 48 hours and a final decision is completed within 5 days.

It is within NDCC policy and procedure to discipline a resident for filing a bad faith grievance. This may consist of room restriction (no more than 72 hours) and loss of privileges. This is decided on a case by case basis.

Standard 115.353 Resident access to outside confidential support services

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

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 correctiveaction recommendations where the facilitydoesnotmeetstandard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents at NDCC are provided information regarding victim advocate services upon intake and during orientation. This information is posted throughout the facility and residents are provided unlimited access to these services. NDCC has an MOU with Crisis Services of North Alabama to provide these services and residents have access to these numbers and addresses in handouts.

Mail is not read by staff. Incoming mail is opened in the resident’s presence to check only for contraband or weapons. Residents are notified that phone calls to outside support agencies and legal representatives are unlimited. Staff ensure that the agency is in fact being called. Phone calls are kept confidential but residents are supervised when making phone calls. If one on one meetings are requested by the support agencies, meeting times and places are scheduled.

NDCC ensures and facilitates resident access to counselor and assists residents in making confidential contact with attorneys and legal representatives.

Residents interviewed said they were given the opportunity to make phone calls on a daily basis except Sundays. When pressed further, all 6 residents felt confident that if the situation required, they would be able to make a phone call immediately. Residents confirmed that their mail was uncensored. They were unsure if their phone calls were monitored but when asked, all residents felt they would be able to have confidential communications with their attorney. All 6 residents were aware of Crisis Services of North Alabama and what services they provided.

Standard 115.354Third-party reporting

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

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 correctiveaction recommendations where the facilitydoesnotmeetstandard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of NDCC to receive and process all third party reports of sexual abuse and sexual harassment. How to report these incidents is explained to the resident upon admission to the facility. Information posters are posted throughout the detention center listing hotline phone numbers. Third party reports can be done through incident reporting process, grievance reporting process, or through word of mouth reporting.

Standard 115.361Staff and agency reporting duties

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

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.

NDCC policy 115.361 is to complete incident reports of sexual abuse or harassment by the end of the shift period. Any knowledge, suspicion, or information of sexual abuse or sexual harassment must be reported. All NDCC staff are mandatory reporters. Upon receipt of any allegation, the Director of Detention Care Services and Chief Probation Officer forward the information to the Madison County Sheriff's Department and Madison County DHR for investigation. The resident's parents or legal guardian will be notified unless documentation proves that said parents or legal guardian should not be notified. All staff interviewed stated they fully understand that they are mandatory reporters. They were able to articulate the reporting process. Staff also stated that this information would not be shared with anyone other than with the investigative authorities.

Standard 115.362 Agency protection duties

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

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

It is policy of NDCC to take immediate action to protect a resident at risk from imminent sexual abuse. This action may consist of, but not limited to, room restriction, change of pod assignment, 24 hour monitoring. All staff interviewed outlined appropriate steps to keep a resident free from sexual abuse or harassment should they learn there was an imminent risk.

Standard 115.363 Reporting to other confinement facilities

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

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

NDCC policy 115.363 states that allegations of sexual abuse or sexual harassment which occurred at another agency shall be documented and reported to the Director of Detention Care Services and the Chief Probation Officer. This information and documentation will be reported and shared with the other agency as soon as possible but no later than 72 hours. Interviews with the Director of Detention Care Services and the Chief Probation Officer confirmed that this would be the practice in the event this occurred.

Standard 115.364 Staff first responder duties

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

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 correctiveaction recommendations where the facilitydoesnotmeetstandard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There have been no allegations that a resident was sexually abused in the past 12 months.

The First Responder checklist is readily available to staff and posted in several staff-only areas as noted during a tour of the facility. During interviews each staff member, including detention staff, medical staff, and a contractor, was able outline their first responder duties without hesitation. Immediate action would be to separate the victim and abuser. Staff were able to relate how they would preserve physical evidence, including preventing the victim from washing, eating, drinking, changing clothes, and using the bathroom. The auditor is confident that the staff at NDCC are very well versed in their duties as first responder should the situation arise.

Standard 115.365Coordinated response

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

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 correctiveaction recommendations where the facilitydoesnotmeetstandard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NDCC policy 115.365 outlines what staff are to do in the event of a sexual assault. All staff are mandatory reporters and adhere to the mandatory reporting policy. Allegations of sexual abuse or sexual harassment are forwarded to the Director of Detention Care Services and Chief Probation Officer. If a resident requires immediate medical attention staff are to call for an ambulance right away and take steps to preserve any physical evidence. Madison County Sheriff’s Department are notified for all allegations as is Madison County DHR. Any directions from the investigative authorities are adhered to throughout the investigation process. The resident is permitted to contact mental health counselors or advocate if requested.

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

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

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 correctiveaction recommendations where the facilitydoesnotmeetstandard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

NDCC does not have any collective bargaining agreements.

Standard 115.367 Agency protection against retaliation

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

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

NDCC has established procedures to ensure that those who make an allegation of sexual abuse or sexual harassment have no fear of retaliation from staff or other residents. In policy, NDCC takes all manner of protection for the victim including but not limited to, no contact with abuser, reassignment of pod assignment if necessary, room restriction as a means of ensuring safety and 24 hour monitoring of both victim and abuser to ensure there is no contact. Staff who report such an allegation are also monitored to ensure he/she experiences no retaliation. Staff will also be given the option to change shift if they fear retaliation. During an interview with The Director of Detention Care Services, who is responsible for monitoring for retaliation following a report, he disclosed that should signs of retaliation occur, staff would be reprimanded and /or placed on leave. Resident retaliation would not be tolerated and resident would face room restrictions, pod reassignment, loss of privileges etc. There have been no reports of sexual abuse or sexual harassment at this facility. The Director of Detention Care Services disclosed that he would check in with all parties involved every day and document on a facility retaliation monitoring form. This would be continued for at least 90 days following the report or longer if needed.

It was very encouraging to this auditor that during interviews with staff and residents, the Director of Detention Care Services was named as someone trusted by staff and residents alike. Staff and residents named the Director as someone whom they see every day and someone whom they would be able to go to with a problem.

Standard 115.368 Post-allegation protective custody

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

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

The NDCC does not utilize any form of segregation. Room restriction is used as a disciplinary action with a time limit of 72 hours.

Standard 115.371 Criminal and administrative agency investigations

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

- Does Not Meet Standard (requires corrective action)

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

The NDCC utilizes the services of the Madison County Sheriff's Department to conduct all criminal investigations, including all allegations of sexual abuse. The NDCC does not conduct criminal investigations. All investigational matters such as the collection of evidence, etc, are carried out by the Madison County Sheriff's Department. No allegation is terminated unless the investigative authority determines that no sexual abuse occurred. Prosecution depends on the outcome. A written report containing investigation findings are kept on file as the law requires.

Administrative investigations occur to determine whether staff actions or failure to act contributed to the abuse and all investigations are thoroughly documented. Written reports are retained for as long as the alleged abuser is incarcerated or employed by the NDCC, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

The MOU states that Madison County Sheriff's Department agree to ensure that all investigators are trained in sexual abuse investigation and aware of PREA guidelines. The Madison County Sheriff's Department also agree to conduct all investigations, complete reports in a timely manner and report all findings to the Chief Probation Officer at the NDCC.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

The NDCC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.373 Reporting to residents

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

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

There have not been any allegations of sexual abuse or sexual harassment at this facility. The NDCC are not responsible for conducting investigations. In policy however, NDCC will inform the resident of the investigation's process, whether charges have been substantiated, unsubstantiated, or unfounded as soon as the report is received from the Madison County Sheriff's Department. If the allegation involves a staff member, NDCC will notify the resident:

- ◆ If the staff member is no longer assigned to the pod
- ◆ If the staff member is no longer employed at the facility
- ◆ If the staff member has been indicted on a charge related to sexual abuse within the facility
- ◆ If the staff member has been convicted on a charge related to sexual abuse within the facility

If the allegation involves another resident, the NDCC will notify the victim:

- ◆ If the alleged abuser has been indicted on a charge related to sexual abuse within the facility
- ◆ If the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All notifications to resident, staff, victim or abuser will be documented. The NDCC obligation to report under this standard terminates when the resident is released from NDCC custody.

During an interview with the Director Of Detention Care Services, the auditor asked how the NDCC would be kept abreast of investigations that were being conducted by the Madison County Sheriff's Department. The answer was that constant communication would be kept. The NDCC maintains a good working relationship with all outside departments so as to ensure good communication.

Standard 115.376 Disciplinary sanctions for staff

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

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

The NDCC employees are hired through the Madison County Commission. The disciplinary actions and procedures for conduct and work rules are outlined in the Employee Manual and Harassment Policy. The following are examples of conduct or work performance that may result in disciplinary action, up to and including termination of employment:

- ◆ Disorderly conduct, immoral or decent behavior during work hours
- ◆ Use of abusive language and / or profanity while on duty
- ◆ Arrest or conviction of a crime
- ◆ Violation of Sexual Harassment policy

All terminations for violations of NDCC's sexual abuse or sexual harassment policy or resignations by staff that would have been terminated if not for their resignation are reported to law enforcement agencies unless the activity was not of a criminal nature and to any relevant licensing bodies.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Volunteers and contractors utilized by the NDCC undergo strict background checks before entering the detention area. Any volunteer or contractor who engages in sexual abuse and sexual harassment are prohibited from contact with residents and are reported to law enforcement agencies. Any and all allegations are cause for dismissal from the volunteer / contractor program.

Standard 115.378 Disciplinary sanctions for residents

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

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

NDCC policy 115.378 states that any resident accused of sexual abuse or harassment will become part of the investigative process conducted by the Madison County Sheriff Department. If enough evidence is found to substantiate the charges, the resident will be charged with the appropriate legal charges. The resident will have access to an attorney and will appear in court on these charges. If the charges do not warrant legal action, NDCC will sanction the resident by one of, but not limited to, the following disciplinary sanctions: room restriction, loss of privileges, reassignment of pod. Isolation is not sanctioned at the NDCC. The resident will have access to educational services, medical and mental health services, along with attorney privileges during room restrictions. Policy number 3.55 lists up to 12 hours room restriction for sex offenses. This disciplinary process takes into consideration the resident's disciplinary history and whether a resident's mental disabilities or mental illness contributed to his or her behavior.

Sexual activity between residents is strictly prohibited whether consensual or not.

There has not occurred any findings of resident on resident abuse at this facility. An interview with the Director of Detention Care Services confirmed practice of NDCC 115.378 policy should this occur. Also reiterated in the interview was that isolation is not utilized by the NDCC.

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

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

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

Policy number 115.381 states that upon intake, the resident completes a medical history to determine prior history of sexual abuse. The resident is offered follow up mental health services within 14 days of admission. If any resident reports being a perpetrator of sexual abuse in an institutional setting or within the community, mental health services will be offered within 14 days of admission. All information pertaining to these instances that occurred in an institutional setting are kept confidential and shared with medical and mental health practitioners and other staff as necessary. This information may be used to determine pod assignment, educational programming as required by Federal, State, or local law. Policy number 3.70-1 outlines NDCC policy on reporting all instances of child abuse and / or neglect consistent with appropriate state law or local laws.

An interview with the Nurse confirmed that informed consent is not obtained from residents before reporting as the NDCC does not house residents over the age of 18.

Standard 115.382 Access to emergency medical and mental health services

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

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 correctiveaction recommendations where the facilitydoesnotmeetstandard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 115.382 states that staff first responders will see to it that a resident is provided immediate medical attention upon receiving a report of sexual abuse while in detention. All victims of sexual abuse are transported to Huntsville Hospital by ambulance where they will have access to SANE personnel. An MOU has been established with Huntsville Hospital and the Crisis Services of North Alabama in order that any resident will be offered medical services to include providing information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Crisis Services of North Alabama provide advocate services. All services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Pamphlets regarding these options are provided to the resident upon intake and are placed throughout the detention facility.

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

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

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 correctiveaction recommendations where the facilitydoesnotmeetstandard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to policy 115.383 all resident of the NDCC are offered ongoing access to medical and mental health services including victims of sexual abuse and abusers. Medical and mental health personnel recommend appropriate treatment programs, services, and follow up services for continued care following the resident’s release or transfer. Female resident sexual abuse victims are offered pregnancy tests. If positive, the female resident is offered information and timely access to all lawful pregnancy related medical services. All residents of sexual abuse are offered tests for sexually transmitted diseases as medically appropriate. These services and treatments are offered regardless of financial cost and regardless whether the victim names the abuser or cooperates with the investigation. To this end the NDCC have established MOUs with Crisis Services of North Alabama, and also agreements with the Mental Health Center of Madison County, and Southern Health Partners.

Mental health evaluations are required of all residents who sexually abuse another resident within 60 days of reporting the incident. Treatment options are recommended by the mental health liason.

Standard 115.386Sexual abuse incident reviews

- ExceedsStandard(substantiallyexceedsrequirementof standard)
- X MeetsStandard(substantial compliance;compliesinallmaterialwayswith thestandardfor therelevantreviewperiod)
- Does NotMeetStandard(requirescorrectiveaction)

Auditor discussion,including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 115.386 outlines the steps taken when an allegation of sexual abuse or sexual harassment is made. An incident report is generated within 12 hours of the incident being reported. A review of the incident is completed by the Director of Detention Care Services and the Chief Probation Officer immediately following the submission of the incident report. Madison County Sheriff's Department are responsible for conducting an investigation. The review team will include but is not limited to, upper level management with input from staff, detention supervisors, investigators, and all medical and mental health professionals. The review team considers whether the incident warrants:

- ◆ a policy change to better prevent, detect and respond to sexual abuse
- ◆ determine whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification
- ◆ gang affiliation
- ◆ caused by other group dynamics within the facility
- ◆ determine if area where the incident occurred to assess whether the area is unsafe and needs improvements
- ◆ assess the adequacy of staffing levels in the area during different shifts
- ◆ assess monitoring technology for the need for improvements.

The review team will prepare a report / findings to include determinations made and recommendations to implement changes if any. To this date there have been no sexual abuse incidents therefore no reviews have been completed.

Standard 115.387 Data collection

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

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

Policy 115.387 states the NDCC will utilize the standard reporting procedure in place. The form used is the U.S. DOJ Form SSV-IJ Survey of Sexual Violence Reporting, Incident Form (Juvenile). Definitions for this process comes from the standard set of definitions utilized by the PREA documentation. The NDCC gathers reports from all areas involved in the investigations of all sexual abuse and sexual harassment incidents and review annually. The data will meet requirements of the most recent version of the Survey of Sexual Violence conducted by the DOJ.

NDCC does not contract for the confinement of its residents.

Standard 115.388 Data review for corrective action

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

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

Policy 115.388 states that NDCC will review all data collected and aggregated to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training including: identification of problem areas, corrective action taken on an ongoing basis, and preparation of annual report of findings and corrective actions for the facility. NDCC did not have any data for review.

Standard 115.389 Data storage, publication, and destruction

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

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

Policy 115.389 states that the NDCC will ensure that data collected pursuant to 115.387 are securely retained. All aggregated sexual abuse data will be readily available to the public at least annually through the website or other means. Before making this aggregated sexual abuse data public, all personal identifiers will be removed. NDCC will 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.

AUDITOR CERTIFICATION

I certify that:

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

Heidi de Villiers

March 11th 2016

Auditor Signature

Date