

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

**Date of report:** 04/01/2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Kevin Maurer			
<b>Address:</b> POX Box 4068, Deefield Beach, FL 33442			
<b>Email:</b> kevin.maurer@us.g4s.com			
<b>Telephone number:</b> 954-790-3735			
<b>Date of facility visit:</b> 08/12/2015			
<b>Facility Information</b>			
<b>Facility name:</b> Nome Youth Facility			
<b>Facility physical address:</b> 804 East 4 <sup>th</sup> Avenue, Nome, AK 99762			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 907-443-5434			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Theron Powell			
<b>Number of staff assigned to the facility in the last 12 months:</b> 13			
<b>Designed facility capacity:</b> 14			
<b>Current population of facility:</b> 5			
<b>Facility security levels/inmate custody levels:</b> <a href="#">Click here to enter text.</a>			
<b>Age range of the population:</b> 12-18			
<b>Name of PREA Compliance Manager:</b> Leigh Rovzar		<b>Title:</b> Unit Supervisor	
<b>Email address:</b> leigh.rovzar@alaska.gov		<b>Telephone number:</b> 907-443-5434	
<b>Agency Information</b>			
<b>Name of agency:</b> Alaska Division of Juvenile Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Alaska Department of Health & Social Services			
<b>Physical address:</b> 240 Main Street, Suite 700, Juneau, AK 99801			
<b>Mailing address:</b> <i>(if different from above)</i> PO Box 10635, Juneau, AK 99811			
<b>Telephone number:</b> 907-465-3312			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Karen Forrest		<b>Title:</b> Division Director	
<b>Email address:</b> hss.djj@alaska.gov		<b>Telephone number:</b> 907-465-2212	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Matt Davidson		<b>Title:</b> Acting SSPO	
<b>Email address:</b> matt.davidson@alaska.gov		<b>Telephone number:</b> 907-465-8466	

## **AUDIT FINDINGS**

### **NARRATIVE**

Nome Youth Facility was audited August 12, 2015 by DOJ PREA Auditor Kevin Maurer. Prior to the on-site audit, a review of all pre-audit documents was completed. During the initial audit meeting, Leigh Rovzar, Unit Supervisor / PREA Compliance Manager, and Theron Powell, Superintendent, were present. Previously, the Auditor met with Matt Davidson, PREA Coordinator, and Karen Forrest, Division Director, as well.

A facility tour was conducted, which included all buildings, rooms, and grounds of the facility. During the tour, it was noted that the Notice of PREA Audit and other PREA related materials were posted in several locations at each program.

Interviewees were identified from a list of staff and residents. 5 random residents were interviewed. 4 random staff interviews were conducted. 11 specialized staff interviews were conducted. In the past 12 months, there was one reported PREA allegation. Additionally, there are no residents who identified with being LGBTI.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The fourteen-bed Nome Youth Facility serves the northwest region of Alaska, including the twenty-eight villages surrounding Nome and Kotzebue. The staff there are adaptive and inventive in their work. Although the facility was not designed for long-term detention placements, the unique needs of this remote region and the effectiveness of detaining offenders close to home have led to the development of a facility that can provide long-term detention holds on a limited basis when necessary and advantageous to the Division.

This unconventional detention program finds the youthful offenders out in the community for a variety of reasons. At a minimum, staff and residents are out five times per week performing scheduled community service. City wide beautification is done by residents planting flowers in the spring time and picking up trash throughout the year. They are also called on frequently for other service to include such things as snow removal, setting up/cleaning up for various social events, and assisting elders with fish camp cleanup.

Physical fitness takes place at the local recreation center, swimming pool, and local outdoor parks. Fishing trips, camping, bike rides, hikes and ice fishing are among the outdoor activities. Social interaction takes place at the local Boys and Girls Club. The staff takes a very therapeutic approach to building competencies to prevent future crime. There are nine scheduled therapeutic groups weekly with an occasional guest adding additional groups.

A full-time Mental Health Clinician on staff provides professional therapy meeting with each resident at least once per week and up to daily for those in crisis. The approach taken in this facility is that the only thing holding them back from being better is their own initiative and creativity. Staff are encouraged to exercise both.

## **SUMMARY OF AUDIT FINDINGS**

On August 12, 2015, Nome Youth Facility had its on-site PREA Audit completed. The results of the audit indicate that the facility is not in compliance with several PREA Standards, and an Interim Report is being issued. The facility is entering into a 180-day Corrective Action Period.

Prior to the completion of the PREA audit, Auditor Kevin Maurer resigned his position with G4S Youth Services, LLC. As a result, DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers completed the audit in conjunction with Agency PREA Coordinator Matt Davidson. Mr. Davidson provided the necessary documents to satisfy the change from Not Met to Satisfactory for three standards.

It should be noted that the staff of Nome Youth Facility and Alaska DJJ showed dedication and concern for the PREA program from both an agency as well as a program level.

Number of standards exceeded: 3

Number of standards met: 31

Number of standards not met: 0

Number of standards not applicable: 7

**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.**

DJJ PREA Policy addresses zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy outlines how the facility will prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.

The agency has designated the Acting SSPO, Matt Davidson, as the PREA Coordinator. He is knowledgeable of the PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The Unit Supervisor / Acting Superintendent, Shawn Lundgren, is the PREA Compliance Manager for the facility and stated that he has sufficient time and authority to coordinate the facility’s compliance with the 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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N/A - Nome Youth Facility does not contract with other entities for the confinement of residents.

**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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DJJ PREA Policy Procedure Section II outlines supervision and monitoring at the facility. It states that (c) Each facility and housing unit shall develop, implement, schedule, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring and surveillance technology, to protect against sexual abuse as established in the PREA standard 115.313. It further provides that the facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Nome Youth Facility maintains a minimum waking hours staffing of 3 and a sleeping hours staffing of 2 per program. The facility has not initiated the practice of unannounced rounds with documentation.

During the corrective action plan, the facility provided 10 samples of unannounced rounds. These were conducted on each shift at varying times. The log entries note they were unannounced rounds for the majority of the entries and were conducted by middle management or higher staff.

### **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.**

Nome Youth Facility allows for frisk (pat-down) searches by a staff member of the same gender as the juvenile, and witnessed by another staff member if available, as outlined in Policy. The facility does not conduct cross-gender strip searches, visual body cavity searches, or pat-down searches, absent of exigent circumstances. The policy also prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed during staff and youth interviews.

All sleeping rooms are single occupancy. The facility and both single occupancy and multiple occupancy showers and have curtains. Male and female staff are subject to supervise in the dorm bathroom/shower areas. The staff do not view the youth unclothed but are able to see feet and heads and are required to remain in shower area providing awareness supervision. Both review of policies and interviews with staff and youth confirmed that staff do not view the youth unclothed. Staff of the opposite gender announce their presence prior to opening sleeping room doors. This was confirmed during staff and resident interviews.

### **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.**

As outlined in DJJ PREA Policy Procedure III(d), Facilities shall take appropriate steps to ensure that juveniles with disabilities or with limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the division's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. If staff suspect a juvenile is having difficulty understanding or comprehending the PREA orientation or educational video, staff shall take steps to assist the juvenile's understanding. This includes reading aloud written

material, providing more detailed explanation of the concepts and materials, and contacting a translation service or other professional to assist in the explanation.

Additionally, the policy states that the facility shall not rely on juvenile interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise juvenile safety, the performance of first-responder responsibilities, or the investigation of the juvenile's allegations.

Interviews with staff confirmed they have an understanding of this policy.

### **Standard 115.317 Hiring and promotion decisions**

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

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DJJ Background Investigations for Employees, volunteers, and Others Policy and DJJ Reference Checks Policy addresses all elements of standard 115.317. The agency conducts extensive background checks and reference checks with multiple entities upon offer of employment. Background checks of existing employees are conducted every 5 years.

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

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

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

Nome Youth Facility is in the process of direct-line PREA Phones being installed as well as upgrading the video monitoring system with 25 additional cameras. The need for these phones and cameras were discussed during planning meetings locally as well as at an agency level.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

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

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

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

Nome Youth Facility does not conduct criminal or administrative investigations. The former are conducted by the Alaska State Troopers. These elements of the standard are N/A.

Forensic medical exams, when needed, are conducted at Norton Sound Health Corporation at no cost to the resident.

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

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

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

DJJ PREA Policy ensures that an administrative/criminal investigation is completed, as required. DJJ requires that all allegations be reported to the S.A.F.E. Child Advocacy Center for investigation. Allegations that are criminal in nature are reported to the Alaska State Troopers. An MOU is in place for services provided by the Child Advocacy Center. There was one PREA related allegation made at Nome Youth Facility in the previous 12 months.

### **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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All Nome Youth Facility staff have completed both facility and Alaska DJJ PREA Training, which covers all topics outlined in standard 115.331 and as mandated by DJJ PREA Policy Procedure III. Refresher training is provided to the staff and they also are required to review and sign the PREA and Confidentiality Acknowledgement Form. Staff interviews confirm this practice.

### **Standard 115.332 Volunteer and contractor training**

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

- Does Not Meet Standard (requires corrective action)

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

DJJ PREA Policy Procedure III outlines the requirements of volunteer and contractor training as provided in Standard 115.332. The policy further requires that facility managers may require additional training for individuals based on the services they provide and the level of contact they have with juveniles. Volunteers and contractors are required to sign the PREA and confidentiality Acknowledgement Form. Nome Youth Facility currently does not have volunteers or contractors.

### **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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Initial education is provided to the residents during the admission orientation process as outlined in DJJ PREA Policy Procedure III(c). The staff shall provide juveniles with information explaining, in age appropriate fashion, the zero tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents. Within 10 days of admission, juveniles view the PREA Video. Additional written material is provided that describes the resident's right to be safe from sexual violence and information on the various ways they can report an allegation of sexual abuse or harassment or receive services. If the resident has limited reading skills, intake staff will read the written materials to them. A PREA Admission form has been developed that the juvenile and staff sign acknowledging the PREA resident education received. This PREA related information is reviewed in greater detail during group and individual counseling sessions shortly after they arrive at the facility. However, several juveniles did not receive their PREA education in a timely manner after intake.

Posters with the phone number for the PREA Hotline are displayed in various locations throughout the facility programs.

Interviews with residents confirmed that they understand the PREA education they received and the various ways to report a PREA related incident.

During the corrective action period, the facility provided documentation of completed PREA education for juveniles. All were completed within 10 days of intake, with many of them completed within a few days.

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

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

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

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

N/A - Nome Youth Facility does not conduct criminal investigations. All criminal investigations are completed by Alaska State Troopers.

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

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

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

Medical and mental health staff received training as outlined in Standard 115.335. Additionally, they received the same initial and refresher PREA Training as security staff. Nome Youth Facility does not conduct forensic medical exams. They are completed at Norton Sound Health Corporation.

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

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

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

The facility utilizes an PREA Risk Screening form, which meets all the requirements of PREA standard 115.341 as outlined in DJJ PREA Risk Screening policy. The screening is conducted for all residents admitted to the facility within 72 hours of intake, and usually within 24 hours. The screening consists of resident interview questions and staff review of classification information. All of the resident files checked were completed within 24 hours. The policy further states that the unit supervisor will review a juvenile’s risk level based on new risk related information or if a juvenile is involved in a PREA-related incident in the facility.

DJJ PREA Risk Screening policy also addresses the control and dissemination of information gathered from the risk screening to be on a “need to know” basis.

It was noted that several residents did not receive their screening for risk of victimization and abusiveness within 72 hours of intake.

During the corrective action period, the facility provided 10 samples where the risk screening was completed. Of these, 9 were conducted within 72 hours. There was 1 that was completed on the Monday following a weekend.

### 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)

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DJJ PREA Risk Screening policy states that if a screening score indicates a risk for victimization or sexually aggressive the staff member conducting the screening shall inform the shift supervisor or center duty officer of the identification. The shift supervisor or center duty officer will identify if any housing or programmatic changes are to be initiated. Screening, assessment, and classification information gathered during the intake process is used to place residents in an area of the dorm that best ensures each resident's safety and security. Nome Youth Facility does not have any isolation units.

The unit supervisor shall offer a juvenile who discloses prior victimization or sexually abusive behavior the opportunity to meet with a mental health clinician within 7 days of the screening.

### 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)

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Nome Youth Facility provides multiple internal and external ways for residents to privately report sexual abuse, harassment and retaliation by residents or staff. All residents identified the reporting numbers for the State DJJ PREA Hotline and Stevie's Place (local Victim Advocate), as shown on the posters in the facility, as well as stated that they can confide in a staff member, tell a family member, put a note in the grievance box, or send a letter to victim advocate. Residents also confirmed that they have access to writing materials, both during the school day, as well as in the housing areas.

Interviews with staff confirmed that they accept and document all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, using the the State DJJ PREA Hotline, or call the Child Advocacy Center.

### 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)

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N/A - Although Nome Youth Facility has a grievance procedure, DJJ PREA Policy Procedure V(a) states that Any PREA related report received shall be handled under the Incident Notification and Reporting Policy and this policy, not each facilities internal grievance process.

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

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

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Nome Youth Facility currently has an MOU with the Child Advocacy Center to provide victim advocate and supportive services to residents upon request. Posters containing the phone numbers are prominently posted throughout the facility. Interviews with residents confirmed that they are aware of these posters and their right to call and make reports.

Staff and resident interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Interviews with residents confirmed that those residents who currently have attorneys can communicate with them confidentially. None had reported being denied access to their attorneys. All residents also reported that they have family visitation and phone calls, and that they have never been denied access to their families.

### **Standard 115.354 Third-party reporting**

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

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DJJ maintains several methods to receive third party reports of sexual abuse and sexual harassment, via the telephone and email as outlined in DJJ PREA Policy Procedure V(b). This information is distributed on the division's website and materials provided to parents on how to report abuse or harassment on behalf of a juvenile. Third parties, including other residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist juveniles in filing complaints of sexual abuse, and shall also be permitted to file such complaints on behalf of juveniles.

Interviews with staff and residents confirm that they are aware of the availability of third party reporting.

### Standard 115.361 Staff and agency reporting duties

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

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DJJ PREA Policy Procedure V(d) requires that staff shall notify their supervisors, immediately and according to the division facility incident notification and reporting 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 division; retaliation against juveniles or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Additionally, staff are prohibited from discussing PREA allegations with anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions. Medical and mental health staff are required to inform juveniles at the initiation of services of their duty to report and the limitations of confidentiality.

Staff interviews confirm the practices outlined in the policy.

### 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)

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DJJ PREA Policy Procedure V(e) states that if an employee learns a juvenile is subject to a risk of imminent sexual abuse, the employee shall take immediate action to protect the juvenile, including considering changes to the juvenile’s housing or program assignment and separation of alleged victim and perpetrator, notification of the JJUS or center duty officer, and documentation of the allegation in the Incident Tracker information system, incident type, “Substantive Complaint.” Interviews with staff confirm their understanding of this policy.

### 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.**

DJJ PREA Policy Procedure V(f) states that upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the staff receiving the allegation shall notify their supervisor, the juvenile’s probation officer, and initiate an incident report. The superintendent of the facility that received the allegation shall notify the superintendent or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency within 72 hours. There have been no allegations of this type in the previous 12 months.

#### **Standard 115.364 Staff first responder duties**

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

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

DJJ PREA Policy Procedure VI(a) and the DJJ Facility Incident Notification and Response Policy outlines the requirements of Standard 115.364. DJJ utilizes the PREA Incident Decision Tree as a guideline for response to a potential sexual abuse incident. Additionally, Nome Youth Facility utilizes a facility specific PREA Incident Checklist that indicates the first responder duties as well as lists the specific agencies and contact information to be notified. Interviews with staff indicate that they are aware of their first responder duties.

#### **Standard 115.365 Coordinated response**

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

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

Nome Youth Facility utilizes a facility specific PREA Incident Checklist as their coordinated response that indicates the first responder, supervisor and medical and mental health staff duties following a sexual abuse incident, as well as lists the specific agencies and contact information to be notified. The response is also outlined in the DJJ Facility Incident Notification and Response Policy.

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Alaska DJJ has a Labor Agreement that outlines the requirements of standard 115.366

### **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.**

DJJ PREA Policy Procedure V(g) describes the protection from retaliation requirements as outlined in Standard 115.366. The facility shall employ multiple protection strategies, such as housing changes for juvenile victims or abusers, removal of alleged staff abusers from contact with victims, and emotional support services for juveniles or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the facility's PREA compliance manager shall conduct status checks of juveniles or staff who reported 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 such retaliation.

### **Standard 115.368 Post-allegation protective custody**

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

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

N/A - Nome Youth Facility does not utilize any form of segregated housing.

### 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.**

N/A - Nome Youth Facility does not conduct criminal or administrative investigations. All criminal investigations are completed by Alaska State Troopers.

### Standard 115.372 Evidentiary standard for administrative investigations

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

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

N/A - Nome Youth Facility does not conduct criminal or administrative investigations. All criminal investigations are completed by Alaska State Troopers.

### Standard 115.373 Reporting to residents

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

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

Following a juvenile's allegation that a staff member has committed sexual abuse, the PREA compliance manager shall subsequently inform the juvenile whenever the staff member is no longer working on the juvenile's living unit or in the facility, and the staff member is prosecuted as a result of the allegation. The PREA Compliance Manager will inform the juvenile of the staff member's indictment and result of prosecution.

Following a juvenile's allegation that they have been sexually abused by another juvenile, the PREA compliance manager shall inform the PREA Audit Report

juvenile if the alleged abuser has been arraigned, convicted and/or adjudicated.

The Unit Supervisor is required to inform the resident who made the allegation of sexual abuse of the outcome, as required by the standard, unless the allegation is unfounded. All notification or attempted notifications to juvenile victims shall be documented by the PREA Compliance Manager.

Interview with the facility Compliance Manager confirmed this practice.

Nome Youth Facility had one PREA related incident reported in the previous 12 months.

### **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.**

Disciplinary sanctions for staff are outlined by DJJ PREA Policy Procedure VIII(a). It states that disciplinary sanctions for violations of sexual abuse or sexual harassment policies 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. Sanctions will be determined in consultation with the department's human relations unit and consistent with current employee contracts, and termination shall be the presumptive disciplinary sanction for staff who engage in sexual abuse.

The policy further addresses that any employee who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report, may face criminal charges and/or disciplinary action, up to and including dismissal.

The administrative review staff shall ensure all terminations for violations of division 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.

### **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.**

Any contractor or volunteer who engages in sexual abuse or harassment shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies by the facility, unless the activity was clearly not criminal, and to relevant licensing bodies as outlined in DJJ PREA Policy Procedure VIII(b). The policy further states that the facility shall take appropriate remedial measures, and shall consider

whether to prohibit further contact with juveniles, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

### **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.**

DJJ PREA Policy Procedure VIII(c) mandates that a juvenile may be subject to disciplinary sanctions pursuant to a facility review board finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the incident, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. The disciplinary process shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility shall consider therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

DJJ prohibits all sexual activity between juveniles and facilities may discipline juveniles for such activity.

### **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.**

DJJ PREA Risk Screening Policy states that the unit supervisor shall offer a juvenile who discloses prior victimization or sexually abusive behavior the opportunity to meet with a mental health clinician within 7 days of the screening. Staff shall only share information obtained by the screening, as necessary, to inform treatment plans and security and management decisions, including housing, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

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

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

- Does Not Meet Standard (requires corrective action)

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

DJJ PREA Policy Procedure VII provides that PREA compliance managers shall ensure juvenile victims of sexual abuse receive timely, unimpeded access to emergency and ongoing medical treatment, crisis intervention services, mental health services consistent with community level of care. The PREA compliance managers shall also ensure a victim is offered community victim advocate or qualified staff person to support the victim through the forensic medical exam and other investigative processes.

Juvenile victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, 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.

These services are provided by Child Advocacy Center and Norton Sound Health Corporation.

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

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

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

DJJ PREA Policy Procedure VII mandates that the evaluation and treatment of juvenile victims of sexual abuse 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. Juvenile victims of sexually abusive vaginal penetration shall be offered pregnancy tests. If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services, as per AS 18.16.020. Juvenile victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. When deemed appropriate by a mental health professional, the facility shall offer a mental health evaluation and offer treatment of all known juvenile-on-juvenile abusers within 30 days of learning of such abuse history.

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

#### **Standard 115.386 Sexual abuse incident reviews**

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

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

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

As outlined in DJJ PREA Policy Procedure IX(a), the PREA Compliance Manager shall lead a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation (both criminal and administrative), substantiated or unsubstantiated, unless the allegation is determined to be unfounded. The review utilizes the DJJ PREA Incident Review Template, which references the requirements of Standard 115.386.

The review team includes members of facility management, with input from line supervisors, and medical or mental health practitioners as needed. The PREA compliance manager provides a narrative of the incident review in the Incident Tracker Information System. The PREA coordinator and facility superintendent shall be notified to review the incident review. The superintendent implements any recommendations for improvement or documents the reasons for not doing so.

These practices are confirmed by interviews with the PREA Compliance Manager, Superintendent, and Incident Review Team.

Nome Youth Facility had one PREA related incident reported in the previous 12 months.

### **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.**

The PREA Coordinator maintains, reviews, and collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews for every allegation of sexual abuse and harassment at DJJ facilities annually. Data collected includes, at a minimum, the data included in the survey of sexual violence conducted by the Department of Justice. The division-wide aggregate data is available to the public on the division’s website as per the division’s data and research policy.

### **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.**

The PREA Coordinator, in coordination with the Compliance Manager, annually reviews collected incident data and prepares a written report for the Division Director to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, corrective action and training, at individual facilities and at the division level. This includes analysis of incident reviews,

comparison of the current year's data and corrective actions to previous years, and identification of problem areas and recommendations for changes to training policy and/or procedures.

**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.**

The DJJ Data Retention Schedule outlines that the PREA related data collected is securely retained and maintained for a minimum of 10 years as required by Standard 115.389. Prior to publication, the data has all personal identifiers removed. Alaska DJJ meets the requirements of Standard 115.389 through the DJJ website, where the public may access the agency's data reports and corrective actions.

**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.

Bobbi Pohlman-Rodgers

April 11, 2016

Auditor Signature

Date