

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report February 24, 2018

Auditor Information

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Telephone: (205) 746-1905	Date of Facility Visit: November 16, 2017

Agency Information

Name of Agency		Governing Authority or Parent Agency <i>(If Applicable)</i>	
Bradley County Juvenile Detention Center		N/A	
Physical Address: 1620 Johnson Boulevard		City, State, Zip: Cleveland, Tennessee 37311	
Mailing Address: same as physical address		City, State, Zip: Click or tap here to enter text.	
Telephone: (423) 728-7089		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Promote public safety through lawfully holding delinquent youth in a safe, protected and healthy environment.			
Agency Website with PREA Information: http://www.bradleyco.net/bcjc_detention.aspx			

Agency Chief Executive Officer

Name: Andre' Carr	Title: Captain
Email: drecarr@gmail.com	Telephone: (423) 728-7096

Agency-Wide PREA Coordinator

Name: Becca Shepherd	Title: Administrative Officer
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Email: beccawilliams78@gmail.com	Telephone: (423) 728-7088
PREA Coordinator Reports to: Andre' Carr, Captain	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility:	Bradley County Juvenile Detention Center		
Physical Address:	1620 Johnson Boulevard, Cleveland, Tennessee 37311		
Mailing Address (if different than above):	same as physical address		
Telephone Number:	(423) 728-7089		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
Facility Mission:	Promote public safety through lawfully holding delinquent youth in a safe, protected and healthy environment.		
Facility Website with PREA Information:	http://www.bradleyco.net/bcjc_detention.aspx		
Is this facility accredited by any other organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Facility Administrator/Superintendent

Name: Andre' Carr	Title: Captain
Email: dre carr@gmail.com	Telephone: (423) 728-7096

Facility PREA Compliance Manager

Name: Becca Shepherd	Title: Administrative Officer
Email: beccawilliams78@gmail.com	Telephone: (423) 728-7088

Facility Health Service Administrator

Name: off-site health services	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 27	Current Population of Facility: 7
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Number of residents admitted to facility during the past 12 months		459
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		81
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		293
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	10-17	
Average length of stay or time under supervision:		7
Facility Security Level:		Secure
Resident Custody Levels:		Level 3
Number of staff currently employed by the facility who may have contact with residents:		26
Number of staff hired by the facility during the past 12 months who may have contact with residents:		9
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
Physical Plant		
Number of Buildings: 1		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		12
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		3
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>The video monitoring system for the Bradley County Juvenile Detention Center (BCJDC) is divided in to two units with the control room centrally located in the middle of the building. One unit is dedicated to the secure holding area in the back of the building. It consists of twenty-five (25) cameras and retains video footage for approximately three months. It covers all areas inside and outside the back part of the building including the corridor, dayrooms, living units, cells, and outside recreation areas.</p> <p>The second unit covers the front area of the building. It consists of thirty-two (32) cameras and retains footage for twenty days. The cameras are located in the three isolation cells, conference room, intake area, lobby, court room, and the perimeter of the building.</p>		
Medical		
Type of Medical Facility:		Tennova Healthcare - Cleveland
Forensic sexual assault medical exams are conducted at:		HOPE Center Inc., Cleveland Children's Advocacy Center
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		1

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0
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Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Notices of the PREA audit, along with contact information, were posted six weeks prior to the on-site audit. The PREA Coordinator emailed photographs of the posted audit notices for confirmation. A flash drive containing the Bradley County Juvenile Detention Center (BCJDC) Pre-Audit Questionnaire, BCJDC policies, DCS policies, the BCJDC mission statement, and documentation to support the standards was provided to the auditor prior to the on-site audit. The documentation was well organized. Additional documentation was provided during the on-site audit and afterward, for clarification, additional support of the standards, and to address corrective action plans.

Documentation reviewed includes: Population Reports for the previous twelve months (1st, 10th, and 20th day of each month, BCJDC facility layout, BCJDC organizational chart, PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC; DCS Contract PREA Requirements; 2017 BCJDC Staffing Plan Assessment; PREA Monitoring by Supervisors (unannounced rounds); DCS PREA Brochure - “A Teen’s Guide to Reporting Abuse” (English and Spanish); PREA Posters (English and Spanish); PREA Comprehensive Education Video (English and Spanish); Agreement for Interpreter Services with Bradley County Juvenile Court; Prison Rape Elimination Act (PREA) Questionnaire; Employee Acknowledgement and Notification of PREA; CS-0687; Background Check History and IV-E Eligibility Checklist; Background Check Excel Spreadsheet; Agreement with Bradley County Sheriff’s Department and PREA Compliance Form; Memorandum of Understanding with the HOPE Center Inc., Cleveland Children’s Advocacy Center; BCJDC Website; DCS Website; PREA Training PowerPoint for Providers – Developed by DCS; Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA); Cross-Gender Search Refresher Training Sign-in Log; Training Sign-in Logs; DCS form CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA); Resident Training Sign-in Sheets; DCS Special Investigators Unit Training Curriculum; Required Training Chart for all DCS Staff ; Certificates - Specialized Training: PREA Medical and Mental Care Standards; DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization (English and Spanish); At-Risk Protocol section of DCS form CS-0946; Duty to Report - Tennessee Code Annotated 37-1-403; Tennessee Department of Children Services Child Abuse Reporting website; BCJDC Facility PREA First Responders Checklist; DCS Protocol: First Responder Guidelines for Sexual Assaults; Sexual Abuse Coordinated Response Plan; Referral Form for Follow-Up Meetings with Medical or Mental Health Practitioners; PREA – Sexual Abuse Critical Incident Review Form; Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile); Annual Reports of Aggregated Sexual Abuse Data; and the 2015 BCJDC Final PREA Audit Report.

The auditor communicated with the PREA Coordinator to discuss the tentative schedule of the on-site audit. The on-site audit was conducted November 20, 2017. After introductions and discussing the

agenda for the day, the auditor proceeded with the facility tour, accompanied by the Detention Captain and PREA Coordinator.

All areas of the facility were toured, including: the sally port, maintenance room, storage rooms, kitchen, isolation rooms, isolation shower, booking room, control center, captain's office, staff offices, visitation area, dayroom, living units/pods, cells, shower areas, outdoor male recreation area, and outdoor female recreation area. The auditor noted staff supervising the residents and supervision was augmented by the strategic location of cameras. All areas not accessible to the residents were locked.

PREA posters were located throughout the facility. They contained important PREA information and the Tennessee Department of Children's Services (DCS) Child Abuse Hotline Number. Information was provided for internal and external ways to report allegations of sexual abuse and sexual harassment and how to access community based services.

Following the tour, the auditor began interviewing staff and residents. During the on-site audit and by telephone afterward, the auditor interviewed the Agency Head Designee, Detention Center Captain, PREA Coordinator, eleven (11) specialized staff, ten (10) randomly selected staff from all shifts, and all seven (7) juveniles at the detention center. Juvenile interviews included one (1) female resident who identified as lesbian, one (1) female resident who identified as bi-sexual, and two (2) female residents who disclosed prior sexual victimization during risk screening. A total of thirty-seven (37) interviews were conducted.

An exit briefing was conducted with the PREA Coordinator.

The PREA Coordinator has cooperatively worked with the auditor toward addressing corrective actions plans detailed in the Summary of Audit Findings section of this report.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Bradley County Juvenile Detention Center (BCJDC) is a short-term secure detention center located in Cleveland, Tennessee. The facility has a designed capacity for twenty-seven (27) male and female juveniles ages 10 to 17. There are twenty-seven (27) staff employed by the facility. They include: the Detention Center Captain, one (1) administrative officer, one (1) corporal, two (2) sergeants, two (2) lieutenants, and fifteen (15) officers.

The facility is a two-story building with the Detention Center Captain's office and control center located upstairs. Ground level entrance to the administrative area of the detention center is through the Bradley County Juvenile Court Building or through the detention center's sally port. Juveniles who are admitted to the facility enter through the booking area, where there are three (3) isolation rooms and an individual shower. The administrative area of the facility contains the kitchen and the office of the

administrative officer/PREA Coordinator. The area is under video surveillance with cameras placed in strategic locations. The kitchen is off limits to the juveniles. Food services are provided by the local school system and the Bradley County Jail.

A corridor leads from the administrative area to the dayroom and four (4) living units/pods. Each pod has three double occupancy cells with toilets and sinks. A shower is located in each of the pods. Juveniles are able to undress, shower and change clothing behind the privacy of a shower curtain. Cameras are located in the corridor and in each of the four living units.

There are two outdoor recreation areas secured with fencing and monitored by cameras. One recreation area is for male residents and the other is for female residents. Residents are allowed one hour outside recreation when weather permits. Recreation is conducted inside during inclement weather.

A visitation area is also accessible from the administrative area of the facility. Visitors are separated from the juveniles by a plexiglass wall. This area is also under video surveillance.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 1

§115.317

Number of Standards Met: 42

§115.311	§115.312	§115.313	§115.316	§115.318	§115.321
§115.322	§115.331	§115.333	§115.334	§115.335	§115.341
§115.342	§115.351	§115.352	§115.353	§115.354	§115.361
§115.362	§115.363	§115.364	§115.365	§115.366	§115.367
§115.368	§115.371	§115.372	§115.373	§115.376	§115.377
§115.378	§115.381	§115.382	§115.383	§115.386	§115.387
§115.388	§115.389	§115.401	§115.403	§115.315	§115.332

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

§115.315

BCJDC had not trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. The auditor and the facility agreed the training is required for compliance with the standard. Training was accomplished following a curriculum that emphasizes the searches are conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Sign-in sheets were provided for documentation of completion of this training. The corrective action plan has been fully addressed.

§115.332

The volunteer was not fully knowledgeable of his PREA responsibilities. The auditor requested the facility provide refresher training to the volunteer. The facility agreed to provide the training. The training was conducted and documented on Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA). The facility provided the auditor with a copy of the form for confirmation. A follow-up interview was conducted upon completion of the training. The corrective action plan has been fully addressed.

§115.335

The two mental health practitioners with Centerstone had previously received the topics required by standard § 115.331 Employee training. However, they had not received the required specialized training for mental health care. The auditor and the detention center agreed the mental health practitioners needed the specialized training topics. The training was accomplished through the National PREA Resource Center online curriculum developed by the National Commission on Correctional Health Care. Certificates of completion were provided as documentation and the mental health practitioner confirmed receiving the training during a subsequent interview. The corrective action plan has been fully addressed.

§115.351 and §115.353

The detention center did not previously have in place a mechanism to provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies. The facility and auditor agreed policy needs to be inclusive of this provision and this information needs to be available for residents detained solely for civil immigration purposes. The corrective action plan has been fully addressed.

§115.354

BCJDC did not previously have a publicly distributed method to receive third-party reports of sexual abuse and sexual harassment. The facility and auditor agreed the detention center needed to provide this information on its website to be in compliance with the requirements of the standard. This corrective action plan has been fully addressed.

§115.388 and §115.389

BCJDC previously did not publish aggregated sexual abuse data on its website. The facility and the auditor agreed the data must be made available to the public to be in compliance with the requirements of the standard. The facility published annual reports for 2014-2017. The corrective action plan has been fully addressed.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines how the facility will implement its approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The detention center has designated an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The position of the PREA Coordinator is identified in the detention center's organizational structure as Administrative Officer.

Interview

PREA Coordinator

The PREA Coordinator reported having enough time to manage all her PREA-related responsibilities and effectively communicated how she coordinates the detention center's efforts to comply with the PREA standards, including: developing policy and procedures, implementing PREA training, posting PREA information for staff and residents, obtaining an agreement with the Bradley County Sheriff's Department for referrals for criminal prosecution, and obtaining a Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center for forensic medical examinations and victim advocacy.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- BCJDC Organizational Chart

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract

renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC does not contract for the confinement of its residents with private agencies or other entities including other government agencies. DCS contracts with BCJDC for confinement of juveniles.

The DCS Contract with BCJDC requires, "The Contractor shall comply with the Prison Rape Elimination Act of 2003 (42 U.S.C. §15601 et seq.) and all applicable PREA Standards and DCS policies related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse in facilities owned, operated, or subcontracted by the Contractor. Contractor acknowledges that, in addition to self-monitoring requirements, DCS will conduct announced and unannounced on-site compliance monitoring. Failure to comply with PREA, PREA Standards, or relevant DYS policies may result in termination of the contract."

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- DCS Contract PREA Requirements

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC develops, documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.

In calculating adequate staffing levels and determining the need for video monitoring, BCJDC takes into consideration:

- Generally accepted juvenile detention and correctional/secure residential practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- The composition of the resident population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Any applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

BCJDC reports no deviations from the staffing plan during the twelve-month audit period. If the detention center were to experience deviations from the staffing plan during limited and discrete exigent circumstances, the deviations would be fully documented. Staffing ratios shall be in compliance with DCS contractual requirements of 1:8 during resident waking hours and 1:16 during resident sleeping hours. BCJDC exceeds the ratio during resident sleeping hours with a staff to resident ratio of 1:12.

The PREA Coordinator periodically reviews the staffing plan to ensure adequate levels of staffing and, where applicable, video monitoring, are in place to protect youth against sexual misconduct. Additionally, the detention center assess, determines, and documents whether adjustments are needed to the staffing plan established, prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. This assessment is documented with the BCJDC Staffing Plan Assessment.

BCJDC supervisors conduct unannounced rounds, at a minimum of one time per shift, in order to identify and deter staff sexual misconduct. The unannounced rounds include all areas of the facility, including areas where youth are prohibited from entering. These rounds are documented on the PREA Monitoring by Supervisors form. Staff are prohibited from alerting other staff of the supervisor's rounds, unless it is related to the legitimate operational functions of the facility. Staff alerting other staff shall receive disciplinary sanctions.

Interviews

- Superintendent
The interview with the Detention Captain confirmed the facility regularly develops a staffing plan. The plan maintains adequate staffing levels and ratios of 1:8 during waking hours and 1:12 during sleeping hours to protect residents against sexual abuse. The plan is documented. The Detention Captain confirmed all aspects of the standard are considered in developing the plan.
- PREA Coordinator
The PREA Coordinator confirmed she participates in making assessments of, or adjustments to, the staffing plan for the facility and the assessments happen at least annually. She also confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard.
- Intermediate or Higher-Level Facility Staff

Interviews confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC
- 2017 BCJDC Staffing Plan Assessment
- PREA Monitoring by Supervisors (unannounced rounds)

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No

- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC staff are strictly prohibited from conducting cross-gender searches. Detention center staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The agency shall not conduct cross-gender pat-down searches except in exigent circumstances. Although the detention center prohibits cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat-down searches,

the facility would document and provide justification if they were to occur. The detention center reported no cross-gender searches during the twelve-month audit period.

Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the genital status is unknown, it may be determined during conversation with the youth, review of the medical records, or if necessary, by learning that information as part of the broader medical examination conducted in private by a medical practitioner. The detention center reported having no transgender or intersex youth during the twelve-month audit period.

BCJDC policies and procedures enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Detention center policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

BCJDC reports no cross-gender pat-down searches during the twelve-month audit period. Additionally, BCJDC reports no cross-gender strip searches and cross-gender visual body cavity searches during the twelve-month audit period.

Interviews

- Random Sample of Staff
Interviews with staff confirmed they are knowledgeable policy does not allow any types of cross-gender searches. No staff reported having to conduct cross-gender pat-down searches and searches of transgender and intersex residents. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
- Random Sample of Residents
Resident interviews confirmed staff announce their presence when entering a housing unit of the opposite gender. All residents interviewed confirmed only staff of their same gender would perform pat down searches. All residents interviewed confirmed they are never naked in full view of staff. The residents stated male staff do not ordinarily work in the female unit.
- Transgender or Intersex Residents
No residents identified as transgender or intersex.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC

Corrective Action Plan

BCJDC had not trained security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. The auditor and the facility agreed the training is required for compliance with the standard. Training was accomplished following a curriculum that emphasizes the searches are conducted in a professional and respectful manner, and in the least intrusive manner

possible, consistent with security needs. Sign-in sheets were provided for documentation of completion of this training. The corrective action plan has been fully addressed.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The BCJDC PREA Coordinator shall ensure that youth with disabilities, including youth who are deaf/hard of hearing, blind/low vision, or those who have intellectual, developmental, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual misconduct. Special accommodations shall be made to ensure all written information about sexual misconduct policies, including how to report sexual misconduct, is conveyed verbally to youth with limited reading skills or who are visually impaired, or otherwise disabled.

The detention center will also ensure meaningful access to its efforts to prevent, detect, and respond to sexual misconduct to youth who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility may not use youth or staff as interpreters, readers or other assistants to perform such functions except in limited circumstances where an extended delay in obtaining an effective interpreter/reader/assistant could compromise the youth's safety, the performance of the first responder duties, or the investigation of the youth's allegations. BCJDC has an Agreement for Interpreter Services with Bradley County Juvenile Court.

BCJDC reports not using resident interpreters, resident readers, or other types of resident assistants during the twelve months audit period.

Interviews

- Agency Head Designee
The interview with the PREA Coordinator confirmed the facility has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- Random Sample of Staff
Interviews with staff confirmed they would use an interpreter for residents who are limited English proficient. No staff interviewed recalled resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment during the twelve-month audit period.
- Disabled and Limited English Proficient Residents
No residents were identified as having a disability or being limited English proficient during the on-site audit.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- PREA Posters (English and Spanish)
- PREA Comprehensive Education Video (English and Spanish)
- Agreement for Interpreter Services with Bradley County Juvenile Court

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC hiring and promotion decisions will follow the employee handbook policy. The detention center shall not hire or promote anyone who may have contact with the residents and shall not enlist the services of any contractor, who may have contact with the residents, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in the second paragraph of this section.

This information is ascertained with the Prison Rape Elimination Act (PREA) Questionnaire. The questionnaire is completed by staff during the application process, promotions, and evaluations. The facility provided numerous examples as evidence of this practice.

BCJDC will consider any incidents of sexual harassment in determining whether to hire or promote, or to enlist the services of any contractor, who may have contact with residents. Before hiring any new employees or enlisting the services of any contractor who may have contact with residents, the detention center shall:

- Perform a criminal background records check;
- Consults any child abuse registry maintained by the State or locality in which the employee would work; and
- Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

BCJDC performs an extensive background check history including:

- Local Law Enforcement Check;
- National Sex Offender Registry Check;
- Tennessee Department of Children's Services Data Base Search;
- TBI/FBI Fingerprint Results; and

- Driver's License Search

Background checks are completed on an annual basis for any current employees and contractors who may have contact with residents. Employee background checks were reviewed during the onsite portion of the audit process. The facility provided an Excel Spreadsheet listing all employees and their background clearance date. The facility reported not enlisting the services of contractors during the twelve-month audit period.

BCJDC shall also ask all applicants and employees directly about previous misconduct and imposes upon employees a continuing affirmative duty to disclose such misconduct. Material omissions regarding such conduct or giving false information shall be grounds of termination. Unless prohibited by law, the agency shall disclose any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested by another institutional employer for whom the former employee has applied to work.

BCJDC exceeds the requirements of this standard. The extensive background check is completed annually.

Interview

Administrative (Human Resources) Staff

The Human Resources Staff reported the facility complies with the standard. Extensive criminal records background checks are conducted annually.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Prison Rape Elimination Act (PREA) Questionnaire
- Employee Acknowledgement and Notification of PREA
- CS-0687, Background Check History and IV-E Eligibility Checklist
- Background Check Excel Spreadsheet

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit, May 23, 2015.

BCJDC has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit, May 23, 2015.

Interviews

- Agency Head or Designee
The PREA Coordinator confirmed BCJDC would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. She also confirmed the detention center would consider how such technology may enhance the agency's ability to protect residents from sexual abuse.
- Superintendent
The Detention Captain confirmed BCJDC would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. He also confirmed the detention center would consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC is not responsible for conducting administrative or criminal sexual abuse investigations. Administrative investigations are conducted by DCS and criminal investigations are conducted by local law enforcement. The detention center has an agreement with the Bradley County Sheriff's Department. The PREA Compliance Form section of the agreement requests the Bradley County Sheriff's Department follows the requirements of paragraphs (a) through (e) of the standard and states the responsibilities of the detention center.

The detention center offers all residents who experience sexual abuse access to forensic medical examinations through a Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a Sexual Assault Nurse Examiner (SANE). Additionally, the Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center makes available to the victim a victim advocate.

Interviews

- Random sample of Staff
All staff interviewed stated they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. All staff interviewed stated DCS investigators are responsible for conducting sexual abuse investigations.
- SAFEs/SANEs Staff
A phone interview with a representative from the HOPE Center Inc., Cleveland Children's Advocacy Center confirmed availability of a Sexual Assault Nurse Examiner and a Victim Advocate.
- PREA Coordinator
The PREA Coordinator confirmed a qualified victim advocate from the HOPE Center Inc., Cleveland Children's Advocacy Center would provide emotional support and crisis intervention services. A Sexual Assault Nurse Examiner is also available for forensic medical examinations.
- Residents who Reported a Sexual Abuse
None

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 14.25 Special Child Protective Services Investigations

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Agreement with Bradley County Sheriff's Department and PREA Compliance Form
- Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS). Administrative investigations are conducted by DCS and criminal investigations are conducted by local law enforcement, the Bradley County Sheriff's Department. The policy for investigations is posted on the detention center's website. The policy and the Agreement with Bradley County Sheriff's Department describe the responsibilities of both the agency and the investigating entity. The policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is also published on the DCS website.

Interviews

- Agency Head Designee
The PREA Coordinator confirmed an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations are documented on TFACTS and a DCS investigator is assigned to investigate all allegations.
- Investigative Staff
A DCS investigator interviewed confirmed all allegations of sexual abuse or sexual harassment are referred for criminal investigations, unless the allegation does not involve potentially criminal behavior.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 14.25 Special Child Protective Services Investigations

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Agreement with Bradley County Sheriff's Department - PREA Compliance

- BCJDC Website
- DCS Website

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All BCJDC employees who have contact with residents complete training on:
(1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.

Refresher training is conducted every two years. Training is documented with staff signatures on form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA).

Interviews

Random Sample of Staff

Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and every two years thereafter.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 5.2 Professional Development and Training Requirements

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- PREA Training PowerPoint for Providers – Developed by DCS
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
- Training Sign-in Log

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC ensures all volunteers and contractors who have contact with the residents will be properly trained on their responsibilities under BCJDC sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Volunteers and contractors are notified of the strict zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Training is documented with signatures on form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA). The detention center's one (1) volunteer completed this training in 2014.

Interview

Volunteer

An initial interview with the volunteer revealed he was not fully aware of his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A follow-up interview conducted upon completion of the training confirmed the volunteer was knowledgeable of his PREA related responsibilities.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 5.2 Professional Development and Training Requirements

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- PREA Training PowerPoint for Providers – Developed by DCS
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

Corrective Action Plan

The volunteer was not fully knowledgeable of his PREA responsibilities. The auditor requested the facility provide refresher training to the volunteer. The facility agreed to provide the training. The training was conducted and documented on Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA). The facility provided the auditor with a copy of the form for confirmation. A follow-up interview was conducted upon completion of the training. The corrective action plan has been fully addressed.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received such education? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During intake, all youth are provided with information on the zero-tolerance policy regarding sexual misconduct, including how to report incidents and suspicion of sexual misconduct. Special accommodations shall be made to ensure all written information about sexual misconduct policies, including how to report sexual misconduct, is conveyed verbally to youth with limited reading skills or who are visually impaired or otherwise disabled.

BCJDC provides additional comprehensive training to all youth within 10 days of intake regarding: their rights to be free from sexual misconduct; their rights to be free from retaliation for reporting such misconduct; and the agency's sexual misconduct response policies and procedures. This information will be readily available to all youth. BCJDC retains all documentation of youth participation on DCS form CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA) and training sign-in sheets.

Posters and brochures regarding the BDCJDC policy on zero-tolerance of sexual misconduct are posted and visible to all youth at the facility.

Interviews

- Intake Staff
Interviews revealed resident education is accomplished through viewing a PREA video and reviewing PREA information provided in brochures. All residents sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA). Residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. All PREA education is accomplished within ten days.
- Random Sample of Residents
Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and sexual harassment through brochures and watching a PREA video.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- DCS form CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
- Resident Training Sign-in Sheets
- PREA Comprehensive Education Video (English and Spanish)
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- PREA Posters (English and Spanish)

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative investigations are conducted by DCS and criminal investigations are conducted by local law enforcement, the Bradley County Sheriff's Department.

DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Special Investigators Unit Training Curriculum includes:

- What is PREA?;
- Confined Settings and Sexual Abuse Investigations;
- Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting;
- Gathering Information during a Sexual Abuse Investigation in a Confined Setting;
- Conducting a Sexual Abuse Investigation within a Confined Setting;
- Interviewing Juvenile Sexual Abuse Victims;
- Sexual Abuse Evidence Collection in Confinement Settings;
- False Allegations;
- Recanting Information;
- Witnessing Sexual Abuse;
- Substantiating a Case for Prosecution Referral;
- Miranda Warning; and
- Garrity Warning

Interview

Investigative Staff

An interview with a DCS investigator confirmed receipt of general and specialized training.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 5.2 Professional Development and Training Requirements

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Agreement with Bradley County Sheriff's Department and PREA Compliance Form
- DCS Special Investigators Unit Training Curriculum
- Required Training Chart for all DCS Staff

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Two mental health practitioners with Centerstone are available through a cooperative agreement with the Bradley County Juvenile Court. They work regularly in the BCJDC and have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;

and

- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Specialized Training: PREA Medical and Mental Care Standards was accomplished through the National PREA Resource Center online curriculum developed by the National Commission on Correctional Health Care. The mental health practitioners also have been trained on the topics required by standard § 115.331 Employee training. Specialized training is documented with certificates of completion and employee training is documented with DCS form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

Interview

Medical and Mental Health Staff

There are no medical practitioners who work regularly in the detention center. All medical care is provided off-site. The mental health practitioner from Centerstone, who works regularly in the detention center, confirmed she has received the specialized training topics.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Certificates - Specialized Training: PREA Medical and Mental Care Standards
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

Corrective Action Plan (Completed)

The two mental health practitioners with Centerstone had previously received the topics required by standard § 115.331 Employee training. However, they had not received the required specialized training for mental health care. The auditor and the detention center agreed they needed the specialized training topics. The training was accomplished through the National PREA Resource Center online curriculum developed by the National Commission on Correctional Health Care. Certificates of completion were provided as documentation and the mental health practitioner confirmed receiving the training during a subsequent interview. The corrective action plan has been fully accomplished.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the intake process, DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is administered to residents within seventy-two (72) hours of admission. This information is ascertained through conversations with residents during the intake process and by reviewing relevant documentation.

The assessment ascertains information about: (1) prior sexual victimization or abusiveness; (2) any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) current charges and offense history; (4) age; (5) level of emotional and cognitive development; (6) physical size and stature; (7) mental illness or mental disabilities; (8) intellectual or developmental disabilities; (9) physical disabilities; (10) the resident's own perception of vulnerability; and (11) any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Interviews

- PREA Coordinator
The interview confirmed the detention center policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. These individuals would include: the Detention Captain, PREA coordinator and supervisors.
- Staff That Perform Screening for Risk of Victimization and Abusiveness
A lieutenant who performs screening for risk of victimization and abusiveness was interviewed. The interview confirmed that residents are screened upon admission or transfer from another facility within 72 hours. The screening includes all eleven (11) topics required by the standard. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is completed by asking the residents questions and reviewing their files. Risk levels are reassessed if there are incidents of sexual abuse or new information becomes available. The screening information is available to the Detention Captain, PREA coordinator and supervisors.
- Random Sample of Residents
Interviews with the residents confirmed they were asked questions like the following examples at intake:
 - (1) Have you ever been sexually abused?
 - (2) Do you identify with being gay, bisexual or transgender?
 - (3) Do you have any disabilities?
 - (4) Do you think you might be in danger of sexual abuse at the Facility?

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization (English and Spanish)

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No

- Do residents in isolation receive daily visits from a medical or mental health care clinician?
 Yes No
- Do residents also have access to other programs and work opportunities to the extent possible?
 Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The "At-Risk Protocol" section of form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is initiated and completed on all residents who are identified as vulnerable for being at-risk of sexual victimization or identified as having the potential to victimize or perpetrate, especially in regards to sexually aggressive behavior.

Youth identified as sexually aggressive or vulnerable to victimization shall be placed permanently on a fifteen-minute watch (Q-15). All entries on the Q-15 paper of any youth placed on a permanent Q-15 in reference to the status of an aggressive youth or a victimized youth shall not contain any specifics, nor shall any specifics be identified to staff or other youth unless there is a documented need-to-know basis. If a youths' status changes, appropriate changed will be made regarding the Q-15.

New information gathered regarding prior aggressive sexual behaviors or having been a victim shall be documented in the youth's file and the information shall be forwarded to the Youth Service Officer (YDO)/Probation Officer and/or the youth's DCS Case Manager for further investigation, regardless if having been previously reported or already identified in the youth's file. All information regarding sensitive information shall be on a need-to-know basis and shall not be exploited to the youth's detriment by staff or other youth.

Room assignments by staff shall ensure a youth's potential for victimization or predatory risk has been reviewed through screening tools to ensure placement with any roommate does not pose a risk. Gay, bisexual, transgender, or intersex residents are not placed in a particular housing, bed or other assignment solely on the basis of such identification or status, nor does the facility consider gay, bisexual, transgender or intersex identification or status as an indicator of likelihood of being sexually abusive.

When deciding the housing and bed placement of a transgender or intersex resident to be with the male or female pods, BCJDC shall consider on a case by case basis whether the placement would ensure the residents health and safety, and whether the placement would present management or security problems. Placement and assignments for each transgender and intersex resident should be reassessed at least twice a year (if long term residency) to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Residents may be isolated from others only as a last resort when less restrictive means are inadequate to keep them or others safe. While in isolation, those residents will not be denied large muscle exercise, educational programs, work programs, or special education services. If a resident is isolated, there shall be a clearly documented basis for the facility's concern for the resident's safety and documented reason why no alternative means of separation can be arranged. Every 30 days, the detention center shall determine whether there is a continuing need for separation from the general population.

The detention center did not use isolation for the purposes of this standard during the twelve-month audit period.

Interviews

- Superintendent
The Detention Captain stated isolation is not used
- PREA Coordinator
The PREA Coordinator confirmed the facility uses all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The PREA Coordinator confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the detention center consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Coordinator confirmed housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would

ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. She confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

- Staff That Perform Screening for Risk of Victimization and Abusiveness
The lieutenant confirmed the facility uses information from the risk screening to determine housing plans and room assignments. She confirmed placement and programming assignments for each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident.
- Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
None
- Transgendered/Intersex/Gay/Lesbian/Bisexual Residents
One female youth identified as lesbian and one female youth identified as bisexual. Both confirmed not being placed in particular housing, bed, or other assignments solely on the basis of their sexual orientation.
- Transgender and Intersex Residents
None

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization (English and Spanish)
- At-Risk Protocol section of DCS form CS-0946

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC permits residents to privately report sexual misconduct, retaliation by other youth or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents through a conversation with a staff person, case manager, therapist, supervisor, or the PREA Facility Compliance Manager. Residents are given a pencil if they wish to make a written report. Youth may also call the Tennessee Department of Children's Services Child Abuse Hotline at 1-877-237-0004.

Any staff member that receives a report of sexual misconduct or possible sexual misconduct must ensure that it is immediately reported to their immediate supervisor. After supervisor shall ensure that it is reported to local law enforcement, if criminal in nature, CPS, and to the PREA Coordinator. Reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly.

BCJDC staff can privately report sexual abuse and sexual harassment of residents by calling the Tennessee Department of Children's Services Child Abuse Hotline at 1-877-237-0004.

Interviews

- PREA Coordinator
The PREA Coordinator confirmed BCJDC provides residents with access to tools necessary to make a written report of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Pencils are provided as needed. The Tennessee Department of Children's Services Child Abuse Hotline was identified as a way for residents to report sexual abuse or sexual harassment to a private entity that is not part of the detention center. All allegations are immediately reported to DCS.
- Random Sample of Staff
Staff interviewed identified the Tennessee Department of Children's Services Child Abuse Hotline as a way for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed an incident of sexual abuse or sexual harassment. They would be provided sight but not sound supervision during phone calls. All staff confirmed they would immediately document verbal reports. All staff interviewed identified the Tennessee Department of Children's Services Child Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.
- Random Sample of Residents
Interviews with residents confirmed they are knowledgeable of internal and external ways of reporting sexual abuse or sexual harassment if it were to happen to them or other residents. All of them could identify someone who does not work at the facility whom they could report to and most knew that they could make anonymous reports. All resident interviewed knew they could

make reports in person or in writing and most knew they could have someone make the report for them, so they would not have to give their name.

- Residents who Reported a Sexual Abuse
None

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC

Corrective Action Plan (Complete)

The detention center did not previously have in place a mechanism to provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies. The facility and auditor agreed policy needs to be inclusive of this provision and this information needs to be available for residents detained solely for civil immigration purposes. The corrective action plan has been fully addressed.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned

upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Although there is a grievance procedure available for the youth, policy dictates that PREA allegations are not officially utilized by the youth in this capacity. All allegations of sexual abuse or sexual harassment shall be reported to the Tennessee Department of Children's Services Child Abuse Hotline at 1-877-237-0004 within 2 hours.

Interviews

- Residents who Reported a Sexual Abuse
There were no residents who reported a sexual abuse allegation.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC residents have access to outside victim advocates for emotional support services related to sexual misconduct through Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center. The detention center has posted mailing addresses and telephone numbers, including hotline numbers, for the HOPE Center Inc., Cleveland Children's Advocacy Center and the Tennessee Department of Children's Services Child Abuse Hotline. The hotline is a 24/365 telephone line where anyone may call to report suspected child abuse or neglect. The hotline number is 1-877-237-0004. Communications are made in as confidential a manner as possible.

The detention center informs residents, prior to giving them access, of the extent to which such communications will be monitored. Everyone in Tennessee is a mandated reporter. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 requires all persons to report suspected cases of child abuse or neglect. The facility enables reasonable communication between residents and outside support organizations, in as confidential a manner as possible. Telephone calls are monitored with sight, but not sound supervision.

Residents have reasonable and confidential access to their attorney or other legal representation, their parents, or legal guardians for reporting of sexual allegations through phone calls, visits and

Interviews

- Superintendent
The Detention Captain confirmed the detention center would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- PREA Coordinator
The PREA Coordinator confirmed the detention center would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- Random Sample of Residents
Interviews with residents revealed they knew where to find the telephone numbers and mailing addresses of outside organizations. With regards to outside emotional support services, most residents acknowledged counseling and therapy would be available and they could make contact when needed. They all were knowledgeable of Tennessee's mandatory reporting law. They all were confident they could see or talk with a lawyer and their guardian if needed. For those residents less familiar with outside support services, the auditor showed them a facility PREA poster and discussed with them the services that would be available.
- Residents who Reported a Sexual Abuse
There were no residents who reported a sexual abuse allegation.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center
- PREA Posters with Contact Information
- Duty to Report - Tennessee Code Annotated 37-1-403

Corrective Action Plan (Complete)

The detention center did not previously have in place a mechanism to provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies. The facility and

auditor agreed policy needs to be inclusive of this provision and this information needs to be available for residents detained solely for civil immigration purposes. The corrective action plan has been fully addressed.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The BCJDC has a link published on its webpage for third-party reporting at, <http://www.bradleyco.net/page262434856.aspx>. The link is to the Tennessee Department of Children Services Child Abuse Reporting website. The website lists the Child Abuse Hotline number and a provides a secure online system for reporting abuse, Direct link: <https://apps.tn.gov/carat/>. Hotline case managers are available to assist callers in reporting abuse. The information is available in English and Spanish.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC

- Duty to Report - Tennessee Code Annotated 37-1-403

Corrective Action Plan (Complete)

BCJDC did not previously have a publicly distributed method to receive third-party reports of sexual abuse and sexual harassment. The facility and auditor agreed the detention center needed to provide this information on its website to be in compliance with the requirements of the standard. This corrective action plan has been fully addressed.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No

- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Duty to Report - Tennessee Code Annotated 37-1-403 states any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted or

sexually harassed has the duty to report such abuse. All allegations of sexual abuse must be reported immediately to the Tennessee Department of Children's Services Child Abuse Hotline at 1-877-237-0004. Failure to report abuser is a violation of the law and a class A misdemeanor, a fine or both. Those who report and "act in good faith" are immune from any civil or criminal charges which may result.

All BCJDC staff report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs, retaliation against residents or staff who report such an incident; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to DCS and their supervisors, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Retaliation or negative consequences for reporting sexual abuse or sexual harassment or cooperating with sexual abuse or sexual harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.

Mental health practitioners are required to report sexual abuse and to the Tennessee Department of Children's Services Child Abuse Hotline. They are mandated to follow Duty to Report laws. Mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Upon receiving any allegation of sexual abuse, the allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of DCS, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the report is made to the resident's attorney or other legal representative of record within 14 days of receiving the allegation. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to the DCS Special Investigations Unit.

Interviews

- Superintendent
The Detention Captain confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardians as appropriate. This notification would occur immediately upon the allegation being received. If a juvenile court retains jurisdiction over the alleged victim, the allegation will be reported to the resident's attorney. All allegations of sexual abuse and sexual harassment are referred for an investigation.
- Medical and Mental Health Practitioner
Interviews with a mental health practitioner with Centerstone confirmed she discloses the limitations of confidentiality and her duty to report at the initiation of services to a resident. She confirmed she is required by law to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it.
- Random Sample of Staff
All staff interviewed confirmed they are required by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the detention center; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All staff interviewed revealed they would report to their immediate supervisor and the DCS Child Abuse Hotline.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Duty to Report - Tennessee Code Annotated 37-1-403

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

If a BCJDC staff member learns that a resident is subject to a substantial risk of imminent sexual misconduct, they shall take immediate action to protect the resident from further harm or threat. Also, if staff learns a resident poses a substantial risk of sexually abusing other residents in the facility, they shall take immediate action to protect other residents from further harm or threat.

BCJDC reports no residents were subject to a substantial risk of imminent sexual abuse during the twelve-month audit period.

Interviews

- Agency Head or Designee
The PREA Coordinator confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include separating the youth and housing assignments.
- Superintendent
The Detention Captain confirmed immediate protective measures would include removing the potential victim from the situation, housing changes, and talking with the resident to ensure the resident feels safe.
- Random Sample of Staff
All staff interviewed confirmed they would immediately separate the potential victim from the potential perpetrator.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the BCJDC Captain will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Notification will be as soon as possible and no later than 72 hours after receiving the allegation. Documentation of notification will be provided. The facility head or agency office that receives such notification will ensure that the allegation is investigated in accordance to PREA standards. The allegation will be referred to DCS for investigation.

BCJDC reports receiving no allegations that a resident was sexually abused while confined at another facility during the twelve-month audit period.

Interviews

- Agency Head Designee
The PREA Coordinator confirmed DCS and the Detention Captain would be the points of contact.
- Superintendent
The Detention Captain confirmed if BCJDC receives an allegation that a client was sexually abused while at another facility or agency, the head of the facility and DCS would be contacted.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon the discovery of an incident defined as sexual abuse, staff shall take immediate action to ensure the safety of the victim, and notify appropriate law enforcement and medical personnel. These actions

include, but are not limited to: identifying victim(s), suspect(s), and making every attempt to preserve evidence. If the abuse occurred within 72 hours staff requests the alleged victim and ensures the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

BCJDC uses the Facility PREA First Responders Checklist to ensure proper steps are followed following an allegation of sexual abuse.

The DCS Protocol: First Responder Guidelines for Sexual Assaults provides additional in-depth guidelines regarding emergency medical attention, evidence collection, and treating both the victim's and abuser's bodies as crime scenes to safeguard evidence.

There were no reported sexual abuse allegations that elicited the actions of a first-responder during the twelve-month audit period.

Interviews

- Security Staff and Non-Security Staff First Responders
The staff interviewed was knowledgeable of the steps to take as a first responder to an allegation of sexual abuse.
- Random Sample of Staff
The staff interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse. All staff interviewed stated they would report to their supervisor and call the DCS Child Abuse Hotline. They said they would not share sensitive information with individuals not involved in the allegation.
- Residents who Reported a Sexual Abuse
There were no residents who reported a sexual abuse allegation.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- BCJDC Facility PREA First Responders Checklist
- DCS Protocol: First Responder Guidelines for Sexual Assaults

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon the discovery of an incident defined as sexual abuse, staff shall take immediate action to ensure the safety of the victim, and notify appropriate law enforcement and medical personnel. These actions include, but are not limited to: identifying victim(s), suspect(s), and making every attempt to preserve evidence.

These actions are detailed in the Sexual Abuse Coordinated Response Plan.

Interview

Superintendent

The Detention Captain confirmed the detention center coordinates the actions among first responders, medical and mental health practitioners, investigators and facility leadership.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Sexual Abuse Coordinated Response Plan

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC does not have a collective bargaining agreement.

Interview

Agency Head Designee

The PREA Coordinator confirmed the detention center has not entered or renewed any collective bargaining agreements.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Youth and staff who have reported sexual misconduct shall be provided protection against retaliation. Accommodations will include housing changes and removal of alleged staff or youth from contact with victims. Emotional support services for youth or staff that fears retaliation for reporting or cooperating with investigations will be available.

At each thirty (30) day period, the PREA Coordinator shall determine that the conduct or treatment of any youth or staff who reported sexual misconduct and the victim is treated according to policy and make sure no retaliation is occurring. Items to be monitored include youth disciplinary reports, status checks, housing or program changes, negative performance review or reassignment of staff. The obligation to monitor terminates if the allegation is determined to be unfounded.

There were no incidents of retaliation during the twelve-month audit period.

Interviews

- Agency Head Designee
The PREA Coordinator stated protective measures would include separating victims from alleged abusers, administrative leave for staff, emotional support services provided by Centerstone, housing changes, and close observation.
- Superintendent
The Detention Captain stated protective measures would include housing changes, removal of alleged abusers, and emotional support services from Centerstone.
- Designated Staff Member Charged with Monitoring Retaliation
The PREA Coordinator is charged with monitoring retaliation. Staff interactions with the residents and changes in behavior are some of the things that would be monitored for potential retaliation. She stated monitoring conduct and treatment would continue until a retaliating resident or staff are no longer at the facility.
- Residents who Reported a Sexual Abuse
There were no residents who reported a sexual abuse allegation.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents may be isolated from others only as a last resort when less restrictive means are inadequate to keep them or others safe. While in isolation, those residents will not be denied large muscle exercise, educational programs, work programs, or special education services.

During the twelve-month audit period there were no allegations of sexual abuse or sexual harassment. There was no use of isolation.

Interviews

- Superintendent
The Detention Captain confirmed BCJDC does not use segregated housing or isolation in response to a client who is alleged to have suffered sexual abuse.
- Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
None

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]
 Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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BCJDC does not conduct its own investigations into allegations of sexual abuse and sexual harassment. DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Investigator will gather all evidence, review video surveillance footage if available, and interview alleged victims, suspected perpetrators and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

When the evidence supports criminal prosecution, the Child Protective Services Investigations Team includes law enforcement in the investigation. The credibility of an alleged victim, suspect or witness is not assessed on an individual basis, nor whether they are a resident or staff. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

Administrative investigations consider how staff actions or neglect of duties are a contributing factor to the abuse. The investigations are documented in the appropriate TFACTS incident reporting section. The report includes all statements, a description of all evidence, assessments of credibility, and facts and findings. Criminal investigations are also documented with thorough descriptions of physical, testimonial and documentary evidence. Documentation is maintained for a period of no less than the last day of employment of an allegedly perpetrating employee, plus five (5) years and seven (7) years after a resident's twenty-second (22nd) birthday.

If an alleged abuser or victim is no longer employed at the facility, the investigation continues to conclusion. BCJDC cooperates with the DCS investigators and remains informed about the progress of investigations through TFACTS and contact with the investigator.

There were no allegations of sexual abuse or sexual harassment during the twelve-month audit period.

Interview

Investigative Staff

An interview with a DCS investigator revealed the individual was knowledgeable of DCS investigative procedures. The investigator confirmed DCS is compliant with all aspects of the Criminal and Administrative Agency Investigations standard.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 14.3 Screening, Response Priority and Assignment of Child Protective Services Cases

- DCS Policy 14.25 Special Child Protective Services Investigations

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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BCJDC and DCS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interview

Investigative Staff

A DCS Investigator confirmed the preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 14.7 Child Protective Services Investigation Track

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

Yes No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Following an investigation into a resident's allegation of sexual abuse suffered in our facility, BCJDC Captain shall inform the resident the outcome of the allegation investigation, whether it to be determined to be substantiated, unsubstantiated, or unfounded.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, BCJDC shall inform the resident whenever: the officer is no longer posted within the resident's unit, the officer is no longer employed by BCJDC, or if the officer has been indicted or convicted on a charge related to sexual abuse while employed by another facility.

Following a resident's allegation that they have been sexually abused by another resident, BCJDC shall inform the victim whenever the alleged abuser have been indicated or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented.

Interviews

- Superintendent

The Detention Captain confirmed that residents who make an allegation of sexual abuse are notified in writing whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

- Residents who Reported a Sexual Abuse – None

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC has a zero tolerance for any acts of sexual abuse, sexual assault, misconduct or harassment. Sexual activity between staff and youth is prohibited and subject to administrative and criminal disciplinary sanctions. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Detention center disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

There were no staff violations of agency policies relating to sexual abuse or sexual harassment during the twelve-month audit period.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC has a zero tolerance for any acts of sexual abuse, sexual assault, misconduct or harassment. Sexual activity between volunteers or contracted personnel and youth is prohibited and subject to administrative and criminal disciplinary sanctions. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The detention center takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During the twelve-month audit period no volunteers or contractors engaged in sexual abuse with the youth and consequently there were no referrals to law enforcement and/or relevant licensing bodies.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Youth shall be subject to disciplinary actions when found guilty by administrative finding that youth engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-

resident sexual abuse. The disciplinary process shall consider whether the youth's mental illness or mental disabilities contributed to his or her behavior when determining what type of action, if any, should be imposed.

Any disciplinary actions given to the youth will be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the actions imposed for comparable offenses by other youth with similar histories. If disciplinary actions results in placing the youth in Isolation, BCJDC shall not deny the resident daily large-muscle exercise, educational programs, or special education services. Youth will receive daily visits from medical or mental health services. Youth will have access to other programs or work opportunities.

BCJDC may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. BCJDC has a zero-tolerance for sexual activity between residents and may discipline residents for such activity. However, the detention center does not such consider sexual activity to constitute sexual abuse if it determines that the activity is not coerced.

There were no administrative or criminal findings of resident-on-resident sexual abuse that have occurred at the facility within the twelve-month audit period.

Interviews

- Superintendent
The Detention Captain confirmed that a new petition would be filed following an administrative finding or criminal finding of resident-on-resident sexual abuse. He confirmed disciplinary sanctions would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. He confirmed mental disability or mental illness is considered when determining sanctions and isolation would not be used as a disciplinary sanction.
- Medical and Mental Health Staff
The mental health practitioner with Centerstone confirmed counseling or therapy would be offered to offending residents and participation would not be a condition of access to any rewards-based behavior management system, programming, or education.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

If the screening pursuant to §115.341 indicates that a resident has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the PREA Coordinator shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Two PREA trained mental health practitioners with Centerstone are available through a cooperative agreement with the Bradley County Juvenile Court. Follow-up medical services are available through a Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center and Tennova Healthcare – Cleveland. To better document referrals, the PREA Coordinator developed a referral form that is attached to the Assessment, Checklist and Protocol for Behavior and Risk Management.

Information gathered from screenings related to sexual victimization or abusiveness shall be strictly limited to medical and mental health practitioners and other staff, as required by BDJDC policy and Federal, state, or local law, to guide treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting. The age range of the detention center population is 10-17 years old.

Interviews

- Residents who Disclose Sexual Victimization at Risk Screening
Two residents reported that they disclosed prior sexual victimization during risk screening. One resident declined a follow-up meeting with a mental health practitioner. The second resident reported she continued with previously prescribed counseling sessions.
- Staff Responsible for Risk Screening
The lieutenant confirmed follow-up meetings are offered within 14 days for residents who have experienced prior sexual victimization or previously perpetrated sexual abuse.
- Medical and Mental Health Staff
The mental health practitioner with Centerstone confirmed informed consent would be obtained before reporting about prior sexual victimization. She stated it is Centerstone policy to obtain informed consent from all youth.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC
- Assessment, Checklist and Protocol for Behavior and risk for Victimization
- Referral Form for Follow-Up Meetings with Medical or Mental Health Practitioners
- Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services through a Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center and Tennova Healthcare – Cleveland. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgment.

The Sexual Abuse Coordinated Response Plan informs staff first responders to take preliminary steps to protect the victim and shall notify the appropriate medical and mental health practitioners. The detention center does not have medical or mental health practitioners on staff.

BCJDC provides resident victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis at the HOPE Center Inc., Cleveland Children's Advocacy Center and Tennova Healthcare – Cleveland. These services are in accordance with professionally accepted standards of care and provided where medically appropriate.

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.

Interviews

- Security and Non-Security First Responders
The staff member interviewed as a first responder could identify the measures they would take to protect a victim of sexual abuse.
- Medical and Mental Health Staff
The Centerstone mental health practitioner interviewed confirmed residents who have been a victim of sexual abuse would immediately receive access to emergency medical treatment and crisis intervention services.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Sexual Abuse Coordinated Response Plan
- Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse at the facility through a Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center and Tennova Healthcare – Cleveland.

The HOPE Center will provide, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following transfer to, or placement in, other facilities, or release from custody. These services are consistent with the community level of care.

Victims of sexually abusive vaginal penetration while in detention shall be offered pregnancy tests. If pregnancy results, the HOPE Center will provide victims with timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The HOPE Center will offer victims of sexual abuse while in detention tests for sexually transmitted infections as medically appropriate. 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.

If a resident discloses youth-on-youth abuse or victimization, the detention center will make a referral to Centerstone for a mental health evaluation within sixty (60) days and offer treatment when deemed appropriate.

Interviews

- Medical and Mental Health Staff
The Centerstone mental health practitioner interviewed confirmed residents who have been victimized would be referred for follow-up medical and mental health services.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC conducts a sexual misconduct incident review at the conclusion of every sexual misconduct investigation or administrative review, including those where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review shall ordinarily be conducted by the review team within thirty (30) days of the conclusion of an investigation.

The review team consists of the following:

- PREA Coordinator
- Juvenile Court Director
- Juvenile Detention Captain
- Shift Supervisor
- Lead Youth Service Officer

The Review Team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;

- Assess whether monitoring technology should be deployed or augmented to supplement supervision
- by staff; and
- Prepare a report (PREA – Sexual Abuse Critical Incident Review Form) of the team findings, including but not necessarily limited to items above, and any recommendations for improvement and submit such report to the PREA Coordinator. The report shall include recommendations for improvement. All the recommendations shall be implemented, or justification provided for not implementing said recommendations.

There were no allegations of sexual abuse or sexual harassment during the twelve-month audit period.

Interviews

- Superintendent
The Detention Director confirmed BCJDC has a sexual abuse incident review team. The team includes input from line supervisors, investigators, and mental health practitioners. He stated the team would use information from the incident review to review policy and training or practices related to the incident. He confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers may enable abuse, staffing levels would be assessed, and video surveillance would be assessed.
- Incident Review Team
The PREA Coordinator confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be assessed.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities - BCJDC
- PREA – Sexual Abuse Critical Incident Review Form

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC would use the Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile) for every allegation of sexual abuse. The facility reports no allegations of sexual abuse or sexual harassment during each of the last four years. This is reflected in the Annual Reports of Aggregated Sexual Abuse Data. BCJDC has not been requested by the Department of Justice to provide this data.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Survey of Sexual Victimization, 2016 Substantiated Incident Form (Juvenile)
- Annual Reports of Aggregated Sexual Abuse Data

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC reviews data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for the detention center.

The annual report is made available through the BCJDC website.

Interview

Agency Head Designee

The PREA Coordinator confirmed BCJDC reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies, and training. The data is securely retained, and corrective actions would be taken as needed.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Annual Reports of Aggregated Sexual Abuse Data

Corrective Action Plan (Complete)

BCJDC previously did not publish aggregated sexual abuse data on its website. The facility and the auditor agreed the data must be made available to the public to be in compliance with the requirements of the standard. The facility published annual reports for 2014-2017. The corrective action plan has been fully addressed.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC ensures data and records are maintained and securely retained. BCJDC annually publishes aggregated sexual abuse data on its website. The data does not include personal identifiers. BCJDC maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection. The data is published on the facility's website at, http://www.bradleycountyttn.gov/juvenile_courts.html.

Interview

PREA Coordinator

The PREA Coordinator confirmed BCJDC ensures incident-based and aggregate data are securely retained.

Policy

- BCJDC Prison Rape Elimination Act (PREA) Facility Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities – BCJDC
- Annual Reports of Aggregated Sexual Abuse Data

Corrective Action Plan (Complete)

BCJDC previously did not publish aggregated sexual abuse data on its website. The facility and the auditor agreed the data must be made available to the public to be in compliance with the requirements of the standard. The facility published annual reports for 2014-2017. The corrective action plan has been fully addressed.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BCJDC is a single facility agency. The detention center was last found compliant with the PREA Juvenile Facility Standards on May 23, 2015.

During the on-site portion of the audit, the auditor was given full access to, and the ability to observe, all areas of the detention center. The facility fully cooperated in providing documentation requested by the auditor. The auditor conducted private interviews with all seven (7) residents at the detention center. Audit notices were posted six weeks prior to the on-site audit, allowing for the residents to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received no correspondence or confidential information from the residents.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the

case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The 2015 PREA Audit Report is published on the BCJDC website at, http://www.bradleycountyttn.gov/juvenile_courts.html.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert B. Latham

February 24, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.