

Type equation here. **PREA AUDIT REPORT**  **INTERIM**  **FINAL**

**JUVENILE FACILITIES**



<b>Auditor Information</b>			
<b>Auditor name: G. Peter Zeegers</b>			
<b>Address: 6302 Benjamin Road, Tampa, FL 33634</b>			
<b>Email: pete.zeegers@us.g4s.com</b>			
<b>Telephone number: 863-441-2495</b>			
<b>Date of facility visit: October 23<sup>rd</sup>, 2014</b>			
<b>Facility Information</b>			
<b>Facility name: Bradley County Juvenile Detention Center</b>			
<b>Facility physical address: 1620 Johnson Blvd. Cleveland, Tn. 37311</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Facility telephone number: 423-728-7096</b>			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer: Captain Andre Carr</b>			
<b>Number of staff assigned to the facility in the last 12 months: 24</b>			
<b>Designed facility capacity: 27</b>			
<b>Current population of facility: 1</b>			
<b>Facility security levels/inmate custody levels: Secure</b>			
<b>Age range of the population: 11-17</b>			
<b>Name of PREA Compliance Manager: Rebecca Williams</b>		<b>Title:</b>	<b>Administrative Lieutenant</b>
<b>Email address: beccawilliams78@gmail.com</b>		<b>Telephone number:</b>	<b>423-728-7088</b>
<b>Agency Information</b>			
<b>Name of agency: Bradley County Juvenile Court</b>			
<b>Governing authority or parent agency: (if applicable)</b>			
<b>Physical address: 1620 Johnson Blvd. Cleveland, Tn. 37311</b>			
<b>Mailing address: (if different from above)</b>			
<b>Telephone number: 423-728-7090</b>			
<b>Agency Chief Executive Officer</b>			

<b>Name: Terry Gallaher</b>	<b>Title:</b>	<b>Director of Juvenile Court</b>
<b>Email address: tgallaher1@gmail.com</b>	<b>Telephone number:</b>	<b>423-593-3723</b>
<b>Agency-Wide PREA Coordinator</b>		
<b>Name: Rebecca Williams</b>	<b>Title:</b>	<b>Administrative Lieutenant</b>
<b>Email address: beccawilliams78@gmail.com</b>	<b>Telephone number:</b>	<b>423-728-7088</b>

## AUDIT FINDINGS

### NARRATIVE

**Bradley County Juvenile Detention Center is a 27-bed facility secure residential detention facility operated by Bradley County, located in Cleveland, Tennessee. The facility serves adolescent boys and girls, ages 11-17, who have been classified as juveniles in holding placements by the Tennessee Department of Children’s Services and Bradley County. The facility has no on-grounds school and the length of stay varies. The facility employs 24 full-time staff.**

**Prior to the on-site audit, the auditor reviewed all files that were sent in advance. Policy and procedures were studied. There were missing policies and procedures noted. The auditor conducted a pre-audit briefing prior to the on-site visit to identify issues that impacted a finding of compliance and to further explain some of the standards that were not familiar to program administration and staff. An interim 30-day report was completed and submitted with corrective action. The facility is now in compliance at the 180-day mark of May, 23<sup>rd</sup>, 2015.**

**An on-site PREA Audit was conducted on October 23<sup>rd</sup>, 2014. The entrance meeting was attended by Andre Carr, Detention Captain, Rebecca Williams, Administrative Lieutenant, and Pete Zeegers, PREA Auditor. The on-site audit work plan was discussed, random samples of staff were selected, and specialized staff were identified. The 1 youth was interviewed. Also, additional pre-audit information was obtained.**

**Interviews were conducted with the Bradley Detention Captain, the Administrative Lieutenant, (who also serves as the Facility PREA Compliance Manager), Human Resources staff, Intake staff, ten custody staff randomly selected from each of the three shifts in this facility, and the one youth who detained at the facility.**

**On the day of the on-site audit 1 youth was housed in the facility. There were no PREA-related youth on youth allegations made during the previous 12 months. Zero youth had reported during the intake process previous physical or sexual abuse. Zero youth identified themselves as being lesbian, gay, bisexual, transgender, intersex, or gender nonconforming during the intake process. Zero youth were identified as hearing or visually impaired, developmentally delayed, or who had limited English proficiency.**

Youth receive information on PREA and their rights during the intake process. Additionally, after youth are admitted to the facility they are provided additional information about sexual abuse and harassment from staff. Youth who have experienced trauma, abuse, or victimization are provided treatment services, as needed.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS SUMMARY OF AUDIT FINDINGS:**

A tour of the facility was conducted, led by Detention Captain Andre Carr. The detention facility connects to the Bradley County Juvenile Court. The facility is clean, in good repair, and well maintained. The front door is secured from the outside. There is a guard posted at front door and identification must be presented in order to enter. This is also the entrance to the Juvenile Court. A secure door leads into the detention facility from the main lobby area. There are four identical living mods which exit off of main hallway. There are 3 rooms in each mod. Each room could house 2 youth. One of the mods is for females. The other 3 are for males. There is a toilet in each youth room. There is a small individual shower stall in each mod. Both review of policies and interviews with staff and youth confirmed that opposite gender staff are not permitted to enter or remain in this area. There are 2 enclosed basketball courts that lead off of the main hallway for recreation. Cameras monitor each court. 27 cameras attached to a DVR security system that monitors the entire facility in a round-the-clock manned Master Control area. None of the cameras field of view of the toilet and showers areas. During the tour it was observed that the staff lounge, staff offices, and kitchen areas did not have cameras. Youth are not allowed to go into these areas, however they still are considered blind spots. Captain Carr agreed that these areas were blind spots, and indicated that he would talk to his superiors about resolution.

The PREA Audit notice was posted on the bulletin boards in the main hallway on walls in the main lobby area and various hallways, as well as copies of the PREA TDCS brochure written in both English and Spanish (this is the same brochure given to youth during the intake process). Posters containing both the TDCS abuse number and PREA hotline are prominently posted in the main lobby area and hallways, as well.

Number of standards exceeded: 1

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 7

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

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

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

**The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility.**

**The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.**

**The county has designated the Administrative Lieutenant as the PREA Coordinator. She continues to learn the PREA requirements, devotes sufficient time and effort in assisting facility staff with PREA-related issues, and has the authority to implement corrective actions. The Administrative Lieutenant also serves as the PREA Compliance Manager at the facility and reports that she has sufficient time and authority to coordinate the facility’s compliance with the PREA standards.**

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

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

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**This standard is N/A.**

**Standard 115.313 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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**This standard was subject to corrective action. There had not been a documented meeting that assesses and determines whether adjustments were needed to the existing staffing plan. Working together, the PREA Compliance Manager and the auditor held a documented meeting, to include all elements of the standard which put the facility into compliance.**

**The facility only recently initiated the practice of unannounced rounds. Staff interviews confirmed the practice. Unannounced rounds form in place.**

#### **Standard 115.315 Limits to cross-gender viewing and searches**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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**The facility did not conduct cross-gender strip searches according to staff and youth interviews. The policy stated that cross gender searches can occur in exigent circumstances. The facility made the decision to not conduct cross gender searches even in exigent circumstances. The policy has been changed to mirror this decision.**

**All toilets are in the youths' rooms. There is an individual shower stall in each mod. A staff is posted at the entry of each mod when showers and/or bathrooms are in use. When the youth need to use the bathroom during daily schedule activities, there is a staff escort. Both review of policies and interviews with staff and youth confirmed that opposite gender staff are not permitted to enter or remain in the bathroom/shower area.**

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

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

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

**Policy prohibits the use of resident translators, resident readers, or other types of resident assistants. Youth and staff interviews confirmed that youth are not asked, nor have been asked, to provide interpretive services.**

**Standard 115.317 Hiring and promotion decisions**

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

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**The agency conducts extensive background checks and reference checks with multiple entities. These are done in their entirety once every year.**

**Policy addresses all of the elements of this standard.**

**Standard 115.318 Upgrades to facilities and technologies**

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

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**The facility has not added video and audio monitoring equipment since August 20, 2012. During the facility tour it was agreed that additional cameras needed to be added to cover a few areas.**

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

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

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**The facility does not conduct administrative or criminal investigations. The former are conducted by Tennessee Child Protective Services, and the latter are conducted by the Bradley County Sheriff’s Department.**

**Forensic medical exams, when needed, would be conducted at the Sky Ridge Hospital in Cleveland, Tn. at no cost to the resident.**

**The facility currently has MOUs with the “Youth Villages Crisis Center” and the H.O.P.E. Center. These agencies will provide victim advocacy services.**

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

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

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

**Facility policy ensures that an administrative/criminal investigation is completed, as required. Contract with TDCS requires that all allegations be reported to Child Protective Services for investigation. Allegations that are criminal in nature are reported to the Bradley County Sheriff’s Department.**

**There were no PREA-related youth on youth allegations made in the previous 12 months.**

**Standard 115.331 Employee training**

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

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

**All current staff have completed both facility and Tennessee Department of Children Services PREA Training which includes all of the required topics. This training is specific to youth who are referred for treatment at the facility. Staff also review and sign the TDCS Acknowledgement and Notification of PREA form. Staff interviews confirmed the practice.**

**Standard 115.332 Volunteer and contractor training**

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



- Does Not Meet Standard (requires corrective action)

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

**The facility does utilize volunteers. Volunteer training has been confirmed to be the PREA training that staff are required to complete. Contractors are not utilized. The Mental Health group “Youth Villages Crisis Center” sends MH professionals into the facility to evaluate youth in crisis when needed. The facility does not send youth out.**

#### **Standard 115.333 Resident education**

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

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

**Initial resident education is provided during the intake admission process. Residents are provided the TDCS PREA pamphlet in either English or Spanish. They are also provided additional written material that describes their right to be safe from sexual violence and information on how the various ways they can report an allegation or receive services. If it is determined that youth have limited reading skills, intake staff will read the written materials to the youth.**

**Posters displaying the phone numbers for Sexual Abuse Hotline and the TDMH Tennessee Complaint Intake numbers are visible to youth and staff in the hallways and main lobby area.**

**Youth interviews confirmed that youth understand the PREA education they receive and could articulate their rights and the various ways they can report an allegation.**

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

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

- Does Not Meet Standard (requires corrective action)

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

**This standard is N/A. The facility does not conduct administrative or criminal investigations.**

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

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

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

**Medical and Mental Health staff do not work for Bradley County. All youth are taken off of facility for Medical evaluations, treatment, and forensic exams. There is a Mental Health group that comes into facility to conduct crisis evaluations, if needed. This standard is N/A.**

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

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

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

**The facility utilizes the Tennessee Department of Children's Services CS-0946, Assessment, Checklist and Protocol for Behavior and Risk for Victimization assessment and screening instrument, which meets all PREA requirements in this regard. This screening is conducted for all youth who enter the facility within 72 hours,**

and most commonly, the same day. The screening consists of both youth interview questions and staff review of collateral information.

Facility policy strictly controls the dissemination of information gathered from the screening on an “need to know” basis.

#### **Standard 115.342 Use of screening information**

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

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**At the time of the on-site audit, facility policies needed to be updated. Specifically elements from standard 115.342(d), (e), (f), and (g) all need to be added to policy. During the 180-day process, the facility has come into compliance by adding these elements to their policy.**

**The facility has three separate mods, with three rooms in each mod. Each room having the capability of housing two youth. The current housing classification system is based primarily on availability. Screening, assessment, and collateral information gathered during the intake process is used to place youth in a room that best ensures each youth’s safety and security.**

**The facility does not utilize isolation in any form for LGBTQI youth.**

**Although there were no gay, bisexual, transgender, or intersex youth in the program during the audit, facility policy prohibits housing and related assignments based solely on sexual orientation or identification. This was confirmed through staff interviews. Each youth’s safety is paramount in making these assignments, regardless of other issues.**

#### **Standard 115.351 Resident reporting**

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

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**Youth interviews confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment and retaliation by residents or staff. The youth identified the reporting numbers for both state agencies listed on the posters in the hallway, as being one means of reporting. The youth also stated that they can confide in a staff, tell a family member, or tell their TDCS case worker. Youth also confirmed that they have access to writing materials, both during the school day, as well as in the housing areas.**

**Staff interviews confirmed that staff accept all reports, whether verbal or written, and from any source. The interviews also confirmed that staff can privately report sexual abuse or harassment of residents, using the TCPS 800 number.**

#### **Standard 115.352 Exhaustion of administrative remedies**

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

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**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.**

**There have been no grievances relating to sexual abuse filed in the past 12 months. Staff and resident interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse or harassment.**

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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**At the time of the on-site audit, the facility had no policy for this standard. During the 180-day follow-up time frame, the facility developed a policy that met all requirements of the standard.**

**Posters containing both the TDCS abuse number and PREA hotline are prominently posted in the hallways and lobby area. Youth interview confirmed that residents are aware of these posters and their right to call and make reports. Each youth has a primary TDCS case worker who can access outside support services upon request of the youth.**

**Staff and resident interviews confirmed that staff provide youth with the limitations of confidentiality, regarding mandatory reporting laws. Resident communications are not monitored.**

**Youth interviews confirmed that residents who currently have attorneys can communicate with them confidentially. The youth reported not being denied access to attorneys. The youth reported that there is family visitation and that there has never been denied access to their families. All youth are allowed phone calls to family members.**

**The facility currently has MOU's with a victim advocate agencies, "Youth Villages Crisis Center" and the H.O.P.E. Center to provide victim advocate and supportive services to youth upon request.**

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

**The facility uses the Tennessee Child Abuse Hotline for this purpose, and informs parents and guardians that they should call this number to make a report.**

### **Standard 115.361 Staff and agency reporting duties**

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

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**All staff are mandated child abuse reporters and receive appropriate training. Facility policy requires all staff to also report any retaliation against youth or staff who made a report.**

**Facility policy strictly prohibits the disclosure of information related to a report of sexual abuse, except on an "as needed" basis in order to make treatment and related decision.**

### **Standard 115.362 Agency protection duties**

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

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

**Although there were no instances during the previous 12 months where a youth was subject to substantial risk of imminent sexual abuse, staff interviews confirmed that staff have received training as to how to immediately protect a youth by separating the youth and alleged perpetrator, notifying their supervisor, and completing an incident report. All staff expressed that their primary responsibility at all times is the safety of youth in the facility.**

### **Standard 115.363 Reporting to other confinement facilities**

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

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**During the on-site audit, there was no facility policy addressing this standard. During the 180-day follow-up process the facility added this policy and became compliant with all elements of the standard.**

**There has not been an allegation of abuse at a prior facility in the previous 12 months. Tennessee law requires mandated reporters to report such an allegation to TCPS.**

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

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

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**Facility policy includes the requirements of the standard. Staff interviews confirmed that staff have received first responder training and could articulate the steps they are to take when responding to an incident of sexual abuse.**

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

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

- Does Not Meet Standard (requires corrective action)

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**During the on-site audit, the facility did not have a detailed facility coordinated response plan. During the 180-day follow-up period, the facility created a detailed facility response plan and now meets the elements of the standard.**

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

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

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

**This standard is N/A. There are no agreements of the type defined in the standard in place or contemplated.**

#### **Standard 115.367 Agency protection against retaliation**

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

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**There is a policy that protects all youth and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard.**



**Although there have been no incidents of retaliation in the past 12 months, staff responsible for taking protection measures could articulate the requirements of the policy.**

**Standard 115.368 Post-allegation protective custody**

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

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

**This is N/A. The facility does not utilize any form of segregated housing.**

**Standard 115.371 Criminal and administrative agency investigations**

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

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

**This standard is N/A. The facility does not conduct any administrative or criminal investigations.**

**Standard 115.372 Evidentiary standard for administrative investigations**

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

- Does Not Meet Standard (requires corrective action)

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

**This standard is N/A. The facility does not conduct any administrative or criminal investigations.**

### **Standard 115.373 Reporting to residents**

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

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

**During the on-site audit, the facility did not have a complete policy to address the elements in this standard. 373 (c), (d), and (e) needed to be addressed. During the 180-day follow-up time frame the facility created a complete policy to meet all elements of the standard. The policy is now in place to include notification to the residents.**

### **Standard 115.376 Disciplinary sanctions for staff**

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

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

**Although there were no staff violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.**

**Standard 115.377 Corrective action for contractors and volunteers**

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

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

**Although there were no contractor or volunteer violations of facility sexual abuse or sexual harassment policies the previous 12 months, facility policy includes the requirements of the standard.**

**Standard 115.378 Disciplinary sanctions for residents**

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

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

**During the on-site audit, the facility had no policy for this standard. During the 180-day follow-up process the facility completed their policy to come into compliance with this standard.**

**The State TDCS PREA Coordinator also clarified that the facility does not make any determination, regarding whether a particular activity constitutes sexual abuse. This determination is made by the TCPS investigator based on TDCS Policy 14.7 Section A.**

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

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

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

**Facility policy complies with all elements of the standard. There were zero youth reporting prior sexual victimization during the last 12 months.**

**Interviews with staff confirmed that medical and mental health services would be provided, if requested by a youth.**

**Facility policy strictly controls the dissemination of information related to sexual victimization or abusiveness of youth on an as “need to know” basis.**

**Youth interviews confirmed that youth are informed of the limits of mandatory child abuse reporting and confidentiality.**

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

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

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

**Facility policy and contract requirements require access to unconditional, immediate emergency medical and mental health services at no cost to the youth or family, not only for resident victims of sexual abuse, but for all youth in the facility, whenever they need it.**

**Although there were no resident victims of sexual abuse during the prior 12 months, facility policy requires that the resident victim be provided with information regarding STD prophylaxis.**

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

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

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

**During the on-site audit, the facility had no policy or MOU's for this standard. During the 180-day follow-up process the facility completed their policy to come into compliance with this standard.**

**The facility currently has MOUs with the "Youth Villages Crisis Center" and the H.O.P.E. Center. These agencies will provide victim advocacy services.**

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

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

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

**During the on-site audit, it was determined that the facility was missing element 386 (d) in their policy. The element was added and now the facility is in compliance with the standard.**

**In the event that such a review becomes necessary facility procedures for conducting the review meet the requirements of the standard in all elements.**

### **Standard 115.387 Data collection**

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

- Does Not Meet Standard (requires corrective action)

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

**The agency collects, aggregates, and maintains the data, as required by the standard. The data instrument collects the data necessary to answer all questions from the USDOJ Survey of Sexual Violence.**

#### **Standard 115.388 Data review for corrective action**

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

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

**The facility conducted its first annual review under this standard in January 2015.**

#### **Standard 115.389 Data storage, publication, and destruction**

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

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

**The agency meets the requirements of this standard and plans to establish a website where the public may access the agency’s data reports and corrective actions.**

**AUDITOR CERTIFICATION**

I certify that:

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

G. Peter Zeegers \_\_\_\_\_

5/23/2015 \_\_\_\_\_

Auditor Signature

Date