

PREA Facility Audit Report: Final

Name of Facility: Bradley County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/10/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 08/10/2021

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	06/24/2021
End Date of On-Site Audit:	06/24/2021

FACILITY INFORMATION	
Facility name:	Bradley County Juvenile Detention Center
Facility physical address:	1620 Johnson Boulevard Southeast, Cleveland, Tennessee - 37311
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Becca Shepherd
Email Address:	beccawilliams78@gmail.com
Telephone Number:	4237287088

Superintendent/Director/Administrator	
Name:	Andre Carr
Email Address:	acarr@bradleycountyttn.gov
Telephone Number:	423-312-0064

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	27
Current population of facility:	7
Average daily population for the past 12 months:	3
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-17
Facility security levels/resident custody levels:	level 4
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Bradley County Juvenile Court
Governing authority or parent agency (if applicable):	Bradley County Government
Physical Address:	1620 Johnson Boulevard Southeast, Cleveland, Tennessee - 37311
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name: Becca Shepherd

Email Address: beccawilliams78@gmail.com

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of Bradley County Juvenile Detention Center (BCJDC) was conducted June 24, 2021. Bradley County Juvenile Detention Center is located at 1620 Johnson Boulevard Southeast, Cleveland, Tennessee 37311. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the audit with one additional support staff, Kimberly Hooks. Mrs. Hooks is employed as a school counselor. The agency awarded the auditor a contract March 11, 2021. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited February 24, 2018, with 100% compliance with the PREA Juvenile Standards.

Mission

The mission of the Bradley County Juvenile Detention Center is to provide a safe, secure and cost effective facility for confining juveniles who have been sentenced to detention by the juvenile court, or by law enforcement officers that request the incarceration of a juvenile pending an arraignment, adjudication, mental evaluation, or transfer hearings.

Audit Methodology

Pre-Onsite Audit Phase

Prior to being onsite, the PREA Coordinator and the auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations. The PREA Coordinator was very receptive to the audit process and was well informed of the role of the auditor and the expectations during each stage of the PREA audit.

Notice of Audit Posting and Timeline

The audit notices, in English and Spanish, were posted May 9, 2021. The audit notices were printed in color, using a large font and easy-to-read language, on colorful pink and yellow paper. The audit notices were placed throughout the facility, in places visible to all residents and staff. Pictures of the posted audit notices were emailed to the auditor on May 9, 2021 for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

Request for Identification of Residents, Staff and Documents

Bradley County Juvenile Detention Center provided the following information for interview selections and document sampling:

1. Complete Resident Roster
2. Targeted Resident Populations
3. Residents with a physical or cognitive disability
4. Residents who are LEP
5. Transgender and intersex residents
6. Lesbian, gay, and bisexual residents
7. Residents placed in segregated housing for their own protection from sexual victimization
8. Residents in isolation
9. Residents who reported sexual abuse that occurred in the facility
10. Residents who reported prior sexual victimization during risk screening
11. Complete Staff Roster
12. Specialized Staff
13. Contractors who have contact with the residents
14. Volunteers who have contact with the residents
15. Grievances made in the 12 months preceding the audit
16. Incident Reports in the 12 months preceding the audit
17. All allegations of sexual abuse and sexual harassment reported in the 12 months preceding the audit
18. Sexual abuse and sexual harassment incident reports and internal investigative files for the 12 months preceding the audit
19. Hotline calls in the 12 months preceding the audit
20. Listing of residents the facility has determined to be at heightened risk of sexual victimization
21. Listing of all residents the facility has determined to be at heightened risk of sexual abusiveness

External Contacts

3. Tennova Healthcare

4. Tennessee Department of Children Services Hotline

Agency Website Review

The auditor reviewed the Bradley County Juvenile Detention Center Website. Annual PREA Reports and Facility PREA Audit Reports are published. Third-party reporting information is published.

Research

No relevant information was discovered.

Mandated Reporter Law

Tennessee Mandated Reporter Law - Statutory citation(s): T.C.A. §§ 37-1-401, 37-1-403, 37-1-410, 37-1-412, 37-1-413, 37-1-602, 37-1-605, 40-35-111.

• Who is required to report sexual abuse?

Any person, including, but not limited to, any: Physician, osteopathic physician, medical examiner, chiropractor, nurse or hospital personnel engaged in the admission, examination, care or treatment of persons; Any other health or mental health professional; Practitioner who relies solely on spiritual means for healing; School teacher or other school official or personnel; Judge of any court of the state; Social worker, day care center worker, or other professional child care, foster care, residential or institutional worker; Law enforcement officer; Authority figure at a community facility, including any facility used for recreation or social assemblies for educational, religious, social, health or welfare purposes, including, but not limited to, facilities operated at schools, the boy or girl scouts, the YMCA or YWCA, the boys and girls club or church or religious organizations; or

• When is a report required?

Knowledge or reasonable cause to suspect that a child has been sexually abused, regardless of whether such person knows or believes that the child has sustained any apparent injury as a result of such abuse.

• Where does it go? The local office of the Department of Children's Services (DCS) or to the judge having juvenile jurisdiction or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Each report of known or suspected child sexual abuse occurring in a facility licensed by the department of mental health and substance abuse services, or any hospital, shall also be made to the local law enforcement agency in the jurisdiction where such offense occurred.

• What timing and procedural requirements apply to reports?

Reports must be made immediately. Reports may be made via telephone or otherwise, on the Department of Children's Services Central Intake Division hotline at 1-877-237-0004 (1-877-54ABUSE) or online (at: <https://apps.tn.gov/carat/referral/emergency.html>).

Onsite Audit Phase

Entrance Briefing

An entrance briefing was held with the Facility Director, PREA Coordinator, support staff, and auditor. Introductions were made, the agenda for the two days was discussed, and the auditor began the site review accompanied by support staff and the PREA Coordinator.

Site Review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. Residents enter through a sallyport and proceed to booking and intake. Initial searches are conducted in the pods. The auditor reviewed the four pods. Each pod contains three rooms and two showers with shower curtains. There is one classroom, two outdoor recreational courtyards, visitation area, central control, and offices for the Captain and PREA Coordinator.

Processes and Areas Observed

No residents were admitted during the onsite phase of the audit. The auditor observed intake and risk screening to better understand the process. Grievance forms and writing utensils are available in the pods. Residents place a grievance in an envelope and drop it on a box centrally located outside the PREA Coordinator's office.

The PREA Coordinator described the showering process, pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment. The PREA posters are prominently placed in areas visible to the residents.

Specific Area Observations

Wherever residents were present, the auditor observed officers actively supervising the residents. Cameras are located throughout the facility.

Interviews

Interviews were held in a visitation room. The location provided privacy and was centrally located to minimize disruption of daily activities and programming. Specialized staff were selected based on their respective duties in the facility. Specialized staff interviews were conducted

interviews were identified.

1. Agency head or designee
2. Superintendent or designee
3. PREA coordinator
4. PREA compliance manager
5. Agency contract administrator
6. Randomly selected staff
7. Intermediate or higher level facility staff - unannounced rounds
8. Medical and mental health staff
9. Non-medical staff involved in cross-gender strip or visual searches
10. Administrative (human resources) staff
11. Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
12. Volunteers and contractors who have contact with residents - none
13. Investigative staff - DCS
14. Staff who perform screening for risk of victimization and abusiveness
15. Staff who supervise residents in segregated housing
16. Staff on the sexual abuse incident review team
17. Designated staff member charged with monitoring retaliation
18. First responders, both security and non-security staff
19. Intake staff
20. Randomly selected residents

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files and records. From this information, the auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Personnel and Training Files. The facility has 22 full and part-time staff. The auditor reviewed all personnel records and training files.

Resident Files. On the first day of the onsite phase of the audit, the resident population was 6. All 6 resident records were reviewed by the auditor.

Medical and Mental Health Records. During the past year, there were 0 residents that reported sexual abuse; there were residents that reported prior sexual victimization. The auditor reviewed the records.

Grievances. In the past year, the facility received 0 alleged sexual abuse and 0 alleged sexual harassment grievances.

Incident Reports. The facility reported there were 0 alleged sexual abuse and 0 alleged sexual harassment incident reports for the 12 months prior to the audit.

Investigation Files. During the past 12 months, there were 0 total allegations of PREA related misconduct at the facility broken down as follows:

Administrative Investigations

- 0 Substantiated (0 sexual abuse allegations and 0 sexual harassment allegations)
- 0 Unfounded (0 sexual abuse allegations and 0 sexual harassment allegations)
- 0 Unsubstantiated (0 sexual abuse allegations and 0 sexual harassment allegations)
- 0 Pending (0 sexual abuse allegations and 0 sexual harassment allegations)

Criminal Investigations

- 0 referred for prosecution
- 0 indictments (cases pending)
- 0 prosecution refused

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Sexual Abuse – Staff on Resident

Hotline (0)

Grievances (0)

Total Allegations (0)

Sexual Harassment – Resident on Resident

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Sexual Harassment – Staff on Resident

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Exit Briefing

An exit briefing was held with the Facility Director, PREA Coordinator, and support staff. The auditor discussed the onsite audit. In addition to documentation collected onsite, the auditor did have some additional requests for documentation. The PREA Coordinator provided documentation requested in a timely manner.

Specific areas discussed:

115.322

The agency shall publish the investigations policy for allegations of sexual abuse and sexual harassment on its website. Corrective action has been completed.

115.353

Resident refresher training was needed for outside support services for victims of sexual abuse. Corrective action has been completed.

115.388

The annual report was not previously fully inclusive of the standard requirements. Corrective action has been completed.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

Characteristics Related to PREA and Sexual Safety

Introduction

Parent Agency: Bradley County Government
Other Significant Relationship: Bradley County Juvenile Court
Facility Name: Bradley County Juvenile Detention Center
Facility Address: 1620 Johnson Blvd SE, Cleveland, TN 37311
Age of Facility: 2006
Total Facility Rated Capacity: 27

Resident Population Size and Makeup

Average daily population in the last 12 months: 3
Actual population on day 1 of the onsite portion of the audit : 6
Population Gender: Male and Female
Population Ethnicity: Multiethnic
Age range of population: 12-17
Average length of stay or time under supervision: 5 days

Staff Size and Makeup

Number of Security Staff: 22
Types of Supervision Practiced: Direct Supervision
Number of Volunteers who may have contact with residents: 0
Number of Contractors who may have contact with residents: 0
Number of Interns who may have contact with residents: 0

Number and Type of Housing Units

Number of single-occupancy cells: 3
Number of open-bay dorms: 4
Number of segregation or isolation cells or rooms: 0
Number of multiple occupancy rooms: 12
Number of closed units: 0

Facility Operations

Physical Plant Description

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 male and female juveniles ages 10 to 17. There are twenty-seven staff employed by the facility. They include: the Detention Center Captain, one administrative officer, one corporal, two sergeants, two lieutenants, and fifteen 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 isolation rooms and an individual shower. The administrative area of the facility contains the kitchen and the office of 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 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.

Services Available

Services include but are not limited to the following: mental health counseling, alcohol and drug assessment and treatment, non-custodial residential treatment, free/sliding scale resources, tutoring resources, as well as, researching service options for specialty needs.

AUDIT FINDINGS**Summary of Audit Findings:**

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	1
Number of standards met:	42
Number of standards not met:	0
Standards Exceeded: 115.317	

Standards**Auditor Overall Determination Definitions**

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

Auditor Discussion Instructions

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.

115.311

Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Organizational Chart
4. BCJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.311 (a)

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's 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. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

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.

115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

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.

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. She ensures all juveniles entering facility receive PREA information and education and she ensures staff receive PREA training and refreshers.

115.311 (c)

PAQ: There is no PREA Compliance Manager.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Contract PREA Requirements 4. BCJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.312 (a)</p> <p>PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:</p> <ol style="list-style-type: none"> 1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 2 2. The facility reported incorrect information on the PAQ. 3. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: Zero (0) <p>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.</p> <p>115.312 (b)</p> <p>PAQ: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: Zero (0)</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313

Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Staffing Plan
4. 2020 Facility Staffing Plan Assessment
5. PREA Monitoring by Supervisors (Unannounced Rounds)
6. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee
2. PREA Coordinator
3. Intermediate or Higher-Level Facility Staff (Sergeant)

Site Review Observations:

Observations during onsite review of facility

Findings (by provision):

115.313 (a)

PAQ: Since the 2017 PREA audit:

1. The average daily number of residents: 7
2. The average daily number of residents on which the staffing plan was predicated: 27

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:

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

The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements.

The Facility Director and PREA Coordinator confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: 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.

115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

The Facility Director confirmed he ensures the facility maintains appropriate staffing ratios by schedule reviews.

115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

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 Facility Director confirmed all deviations would be documented. The documentation would include explanations for non-compliance.

PREA Site Review:

During the onsite tour of the facility the auditor observed the pods were compliant with required staffing ratios.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

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.

The PREA Coordinator confirmed she is consulted regarding any assessments of, or adjustments to, the staffing plan. She confirmed the assessment occurs annually and is documented through BCJDC Staffing Plan Assessment.

The auditor reviewed the 2020 BCJDC Staffing Plan Assessment for verification it is inclusive of the standard provision requirements.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

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.

The auditor reviewed documentation showing that unannounced rounds are occurring as required by policy. The facility records the unannounced rounds on PREA Monitoring by Supervisors form.

An interview with a sergeant confirmed she conducts unannounced rounds. They are conducted on all shifts and she stated she does not announce the rounds are occurring. She documents them on the Supervisor Security Checks sheet.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. No corrective action is required.

115.315

Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Cross-Gender, Transgender, and Intersex Search Procedure Training Curriculum
4. Cross-Gender, Transgender, and Intersex Search Training Logs
5. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Random Sample of Staff
2. Random sample of Residents
3. Transgender or Intersex Residents

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.315 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0
2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

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.

115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of residents: 0
2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.

115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

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.

115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

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

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing behind the privacy of a shower curtain.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

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.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

115.315 (f)

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. Training is accomplished using the Cross-Gender, Transgender, and Intersex Search Procedure Training Curriculum.

The auditor reviewed the Cross-Gender, Transgender, and Intersex Search Procedure Training Curriculum and Cross-Gender, Transgender, and Intersex Search Staff Training Logs for verification the training is provided.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

115.316

Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
4. PREA Posters (English and Spanish)
5. PREA Comprehensive Education Video (English and Spanish)
6. Agreement for Interpreter Services with Bradley County Juvenile Court
7. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head or Designee
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient) - none present

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.316 (a)

PAQ: The agency has established procedures to provide disabled residents 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.

Policy states 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 Captain confirmed the agency has established procedures to provide disabled residents 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.

115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency 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.

Policy states 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.

BCJDC has an Agreement for Interpreter Services with Bradley County Juvenile Court.

PREA Site Review:

The auditor observed posters available in English and Spanish.

115.316 (c)

PAQ: Agency policy prohibits use of 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. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the

Policy states 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.

Staff interviews confirmed the agency would use a language service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

115.317

Hiring and promotion decisions

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Prison Rape Elimination Act (PREA) Questionnaires
4. Employee Acknowledgement and Notification of PREA
5. CS-0687, Background Check History and IV-E Eligibility Checklist
6. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Administrative (Human Resources) Staff

Findings (By Provision):

115.317 (a)

PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

1. 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);
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Policy states 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:

1. 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);
2. 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
3. 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.

The auditor reviewed Prison Rape Elimination Act (PREA) Questionnaires for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered. The auditor also observed Prison Rape Elimination Act (PREA) Questionnaires demonstrating existing employees are asked the same questions about misconduct annually.

The HR staff interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

115.317 (b)

PAQ: Agency policy requires the consideration of 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.

Policy states 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.

The HR staff confirmed the department considers prior 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 the residents.

criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 7
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Policy states before hiring any new employees or enlisting the services of any contractor who may have contact with residents, the detention center shall:

1. Perform a criminal background records check;
2. Consults any child abuse registry maintained by the State or locality in which the employee would work; and
3. 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:

1. Local Law Enforcement Check;
2. National Sex Offender Registry Check;
3. Tennessee Department of Children's Services Data Base Search;
4. TBI/FBI Fingerprint Results; and
5. Driver's License Search

Employee background checks were reviewed during the onsite portion of the audit process.

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions.

The auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision.

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

Policy states before hiring any new employees or enlisting the services of any contractor who may have contact with residents, the detention center shall:

1. Perform a criminal background records check;
2. Consults any child abuse registry maintained by the State or locality in which the employee would work; and
3. 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:

1. Local Law Enforcement Check;
2. National Sex Offender Registry Check;
3. Tennessee Department of Children's Services Data Base Search;
4. TBI/FBI Fingerprint Results; and
5. Driver's License Search

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions.

employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Policy requires 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 interview with the HR staff confirmed the agency requires background checks are completed on an annual basis for any current employees and contractors who may have contact with residents.

115.317 (f)

Policy S 3.21 states the hiring authority shall ask all applicants and employees, contractors, volunteers, and interns who may have contact with youth directly about previous misconduct. The information shall be captured on the application reference checks permission record form.

Policy states BCJDC shall also ask all applicants and employees directly about previous misconduct and imposes upon employees a continuing affirmative duty to disclose such misconduct.

The auditor reviewed Prison Rape Elimination Act (PREA) Questionnaires for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered. The auditor also observed Prison Rape Elimination Act (PREA) Questionnaires demonstrating existing employees are asked the same questions about misconduct annually.

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy states 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.

115.317 (h)

Policy S 3.21 states the director or designee shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, contractor, volunteer, or intern upon receiving a request from an institutional employer for whom such employee has applied to work.

The HR staff confirmed statute allows for a facility to 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding hiring and promotion decisions. The extensive background check is completed annually. No corrective action is required.

115.318

Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Facility Schematics
4. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head
2. Facility Director

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.318 (a)

PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

The Captain confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

115.318 (b)

PAQ: The agency or facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

The Captain confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.

115.321

Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 14.25 Special Child Protective Services Investigations
3. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
4. Agreement with Bradley County Sheriff's Department and PREA Compliance Form
5. Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center
6. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Random Sample of Staff
3. SAFEs/SANes (Tennova Healthcare)
4. Residents who Reported a Sexual Abuse – none identified

Findings (By Provision):

115.321 (a) and (b)

PAQ: The facility is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

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.

Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that DCS and the Bradley County Sheriff's Department are responsible for conducting sexual abuse investigations.

115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFes) or

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) at Tennova Healthcare. Additionally, the Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center makes available to the victim a victim advocate.

The auditor contacted the Tennova Healthcare and determined services would be available to resident victims of sexual abuse at the detention center.

115.321 (d) and (e)

(d) PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

(e) PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

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) at Tennova Healthcare. Additionally, the Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center makes available to the victim a victim advocate.

another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322

Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 14.25 Special Child Protective Services Investigations
3. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
4. Agreement with Bradley County Sheriff's Department - PREA Compliance
5. BCJDC Website
6. DCS Website
7. BCJDC Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. DCS Policy 14.25 Special Child Protective Services Investigations has been published on the detention center's website at: <https://bradleycountyttn.gov/uploads/Work%20Aid%203.pdf>

Interview:

1. Agency Head

Findings (By Provision):

115.322 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: 0
2. The number of allegations resulting in an administrative investigation: 0
3. The number of allegations referred for criminal investigation: 0

Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

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 Captain confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

115.322 (b)

The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

The Tennessee Department of Children's Services (DCS) has policy governing the conduct of sexual abuse and sexual harassment investigations. The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations and DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA for verification. DCS Policy 14.25 Special Child Protective Services Investigations is published at: <https://files.dcs.tn.gov/policies/chap14/14.25.pdf>.

DCS Policy 14.25 Special Child Protective Services Investigations has been published on the detention center's website at: <https://bradleycountyttn.gov/uploads/Work%20Aid%203.pdf>

115.322 (c)

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The policy and the Agreement with Bradley County Sheriff's Department describe the responsibilities of both the agency and

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. Corrective action is complete.

Corrective Action:

115.322 (b)

DCS Policy 14.25 Special Child Protective Services Investigations has been published on the detention center's website at: <https://bradleycountyttn.gov/uploads/Work%20Aid%203.pdf> as of August 5, 2021.

115.331

Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 5.2 Professional Development and Training Requirements
3. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
4. PREA Training PowerPoint for Providers – Developed by DCS
5. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
6. Training Sign-in Log
7. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Random Sample of Staff

Findings (By Provision):

115.331 (a)

PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.

Policy states 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.

The auditor reviewed CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) and sign-in logs for verification.

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

115.331 (b)

PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

115.331 (c)

PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually

The auditor reviewed CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) and sign-in logs for verification.

115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

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

The auditor reviewed CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape

this standard regarding employee training. No corrective action is required.

115.332

Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 5.2 Professional Development and Training Requirements
3. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
4. PREA Training PowerPoint for Providers – Developed by DCS
5. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
6. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

Volunteers or Contractors who have Contact with Residents

Findings (By Provision):

115.332 (a)

PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: One teacher is provided by the school system.

Policy requires 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.

115.332 (b)

PAQ: 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Policy requires 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.

115.332 (c)

PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

The auditor reviewed training is documented with signatures on form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA).

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.

115.333

Resident education

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. DCS form CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
4. Resident Training Sign-in Sheets
5. PREA Comprehensive Education Video (English and Spanish)
6. DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
7. PREA Posters (English and Spanish)
8. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Intake Staff
2. Random Sample of Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.333 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.

Of residents admitted during the past 12 months, the number who were given this information at intake: 218

Policy states 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.

The auditor reviewed DCS form CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to verify residents have been provided the PREA Pamphlet at intake.

115.333 (b)

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 218

Policy states 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.

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education upon admission to the facility, during intake.

The auditor reviewed DCS form CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA) and training sign-in sheets to verify residents received PREA education within 10 days of intake.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

Policy states 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.

An interview with intake staff 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.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Policy states the 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, deaf or otherwise disabled.

According to the PAQ and interview with Captain, BCJDC has established procedures to provide disabled residents 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.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Policy states all residents sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA).

The auditor reviewed DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) for verification the detention center maintains documentation of resident participation in PREA education sessions.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Policy states the facility shall ensure that information regarding BDJDC policy on zero-tolerance of sexual misconduct will be posted and visible to all youth at the facility, including posters and brochures.

The auditor reviewed posters and brochures regarding the BDJDC policy on zero-tolerance of sexual misconduct are posted and visible to all youth at the facility.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. No corrective action is required.

115.334

Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 5.2 Professional Development and Training Requirements
3. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
4. Agreement with Bradley County Sheriff's Department and PREA Compliance Form
5. DCS Special Investigators Unit Training Curriculum
6. Required Training Chart for all DCS Staff
7. BCJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. Investigative Staff (DCS investigator)

Findings (By Provision):

115.334 (a)

PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

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:

2. What is PREA?;
3. Confined Settings and Sexual Abuse Investigations;
4. Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting;
5. Gathering Information during a Sexual Abuse Investigation in a Confined Setting;
6. Conducting a Sexual Abuse Investigation within a Confined Setting;
7. Interviewing Juvenile Sexual Abuse Victims;
8. Sexual Abuse Evidence Collection in Confinement Settings;
9. False Allegations;
10. Recanting Information;
11. Witnessing Sexual Abuse;
12. Substantiating a Case for Prosecution Referral;
13. Miranda Warning; and
14. Garrity Warning

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

115.334 (b)

Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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

115.334 (c)

PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: N/A

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.

115.335

Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical Staff and Mental Health Staff - N/A

Findings (By Provision):

115.335 (a)

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training:
0
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: N/A

There are no medical or mental health practitioners who work regularly in the detention center.

115.335 (b)

PAQ: BCJDC does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

There are no medical or mental health practitioners who work regularly in the detention center.

115.335 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

There are no medical or mental health practitioners who work regularly in the detention center.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

115.341

Obtaining information from residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization (English and Spanish)
4. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Staff Responsible for Risk Screening
3. Random Sample of Residents

Findings (By Provision):

115.341 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 85
2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

Policy requires 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.

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 information is ascertained through conversations with residents during intake and reviewing any relevant court records. Resident's risk levels are reassessed every three months.

Six residents were interviewed with the random resident protocol. They all confirmed they were asked questions like the following examples at intake:

1. Have you have 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?

115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

Policy requires 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.

The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation for the 12-month audit period.

115.341 (c)

The assessment ascertains information about: (1) prior sexual victimization or abusiveness; (2) any gender nonconforming

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.

The auditor reviewed DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization and found it to be inclusive of the required information. Additionally, the lieutenant who performs screening for risk of victimization and abusiveness confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d)

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The lieutenant who performs screening for risk of victimization and abusiveness confirmed the information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records.

The interview with the lieutenant who performs screening for risk of victimization and abusiveness confirmed the information is ascertained through conversations with the residents using DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization. Other assessments and records are referred to as needed.

115.341 (e)

Policy states 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.

The PREA Coordinator and lieutenant who performs screening for risk of victimization and abusiveness confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. The information is available to the PREA Coordinator, Captain, and supervisors.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

115.342

Placement of residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization (English and Spanish)
4. At-Risk Protocol section of DCS form CS-0946
5. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee
2. PREA Coordinator
3. Staff Responsible for Risk Screening
4. Staff who Supervise Residents in Isolation (N/A)
5. Medical Staff (N/A)
6. Mental Health Staff (N/A)
7. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none
8. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.342 (a)

PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Policy states 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.

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.

The PREA Coordinator and lieutenant who performs screening for risk of victimization and abusiveness confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.

115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

large muscle exercise, and/or legally required education, or special education services: 0

3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

Policy states 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.

The Facility Director confirmed BCJDC does not use isolation for residents at risk of sexual victimization.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy states lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely based on their identification or status. BCJDC will not consider the LGBTI resident's identification or status as an indicator of being sexually abusive.

The PREA Coordinator confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Policy states 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.

The PREA Coordinator confirmed housing and programming assignments for transgender or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Policy states 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.

The PREA Coordinator and lieutenant who performs screening for risk of victimization and abusiveness confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Policy states a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

The PREA Coordinator confirmed the agency considers whether placement will ensure a resident's health and safety and the lieutenant who performs screening for risk of victimization and abusiveness confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Policy states transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The PREA Coordinator and lieutenant who performs screening for risk of victimization and abusiveness confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and
2. The reason or reasons why alternative means of separation cannot be arranged: N/A

No residents at risk of sexual victimization were held in isolation in the past 12 months. BCJDC does not use isolation for residents at risk of sexual victimization.

115.342 (i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

BCJDC does not use isolation for residents at risk of sexual victimization.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

115.351

Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
4. Youth Grievance form
5. Tennessee Child Abuse Website: <https://www.tn.gov/dcs/program-areas/child-safety/reporting/child-abuse.html>
6. PREA Posters
7. DCS Pamphlet - "A Teen's Guide to Reporting Abuse" (English and Spanish)
8. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse (none)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or 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.

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.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff or calling the hotline.

115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

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 by calling the Tennessee Department of Children's Services Child Abuse Hotline at 1- 877-237-0004.

Youth detained solely for civil immigrations purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security (local department 423-553-1716).

The PREA Coordinator identified the DCS hotline as one way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the DCS hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff or calling the hotline. They also could identify someone that does not work at the facility they could report to.

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in

Policy states 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. Their 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.

Staff interviewed confirmed verbal reports would be documented.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or 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.

Policy requires residents are given a pencil if they wish to make a written report.

The PREA Coordinator confirmed a writing utensil would be provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed a grievance box outside of the PREA Coordinator's office.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: emails, new employee training and posters.

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.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. No corrective action is required.

115.352

Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

Residents who Reported a Sexual Abuse - None present

Findings:

This standard does not apply to BCJDC. All resident grievances regarding sexual abuse are investigated externally by DCS.

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

115.353

Resident access to outside confidential support services and legal representation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Memorandum of Understanding with the HOPE Center Inc., Cleveland Children's Advocacy Center
4. PREA Posters with Contact Information
5. Duty to Report - Tennessee Code Annotated 37-1-403
6. BCJDC Pre-Audit Questionnaire (PAQ)

Documents (Corrective Action):

1. Resident Refresher information

Interviews:

1. Superintendent of Designee
2. PREA Coordinator
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse – none present

Findings (By Provision):

115.353 (a)

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

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.

Residents interviewed were not knowledgeable of services available outside of the facility for dealing with sexual abuse if they ever need it. Residents were provided refresher information about the services available and signed they received the information. This was accomplished during the onsite phase of the audit.

115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

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 letters.

Residents interviewed knew contacting the sexual abuse hotline or other outside services would be a free call, they could make a call when needed and their conversation would be private. Even though the residents reported their correspondence would be private, they were knowledgeable about mandatory reporting rules if they were to share certain information that is required to be reported.

providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

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 auditor reviewed the MOU for verification.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

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 letters.

The Captain and PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.

Corrective Action

115.353 (a)

Residents interviewed were not knowledgeable of services available outside of the facility for dealing with sexual abuse if they ever need it. Residents were provided refresher information about the services available and signed they received the information. This was accomplished during the onsite phase of the audit.

115.354

Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Duty to Report - Tennessee Code Annotated 37-1-403
4. BCJDC Pre-Audit Questionnaire (PAQ)

§115.354

PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party. No corrective action is required.

115.361

Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Duty to Report - Tennessee Code Annotated 37-1-403
4. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee
2. PREA Coordinator
3. Random Sample of Staff
4. Medical and Mental Health Staff

Findings (By Provision):

115.361 (a)

PAQ: The agency requires all staff to report immediately and according to agency policy:

1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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.

Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

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.

Staff interviews confirmed they are aware of Tennessee law related to mandatory reporting of sexual abuse.

115.361 (c)

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff 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.

Policy states 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.

Staff interviewed were knowledgeable that policy prohibits them 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.

supervisors and Department officials, CPS, law enforcement if criminal in nature, and the Abuse Registry. Said practitioners must inform residents at the initiation of services of their duty to report and the limitation of confidentiality.

The facility reports there are no medical or and mental health practitioners who work regularly at the facility.

115.361 (e)

Policy state 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.

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.

115.361 (f)

Policy states all staff are required to immediately report any knowledge, suspicion, or information received regarding: any incident that has occurred in the facility; retaliation against youth or staff who report sexual misconduct; and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual misconduct or retaliation to the local law enforcement and to CPS as required by mandatory reporting laws and Department policy.

The Detention Captain confirmed allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to local law enforcement and to CPS.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

115.362

Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head
2. Superintendent or Designee
3. Random Sample of Staff

Findings:

PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0

Policy states 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 posts 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.

The Detention Captain confirmed when he learns that a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating a youth from a potential perpetrator, housing changes, and ensuring the resident feels safe.

Staff interviewed confirmed they would immediately separate the potential victim from the potential perpetrator.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

115.363

Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head or Designee
2. Superintendent or Designee

Findings (By Provision):

115.363 (a)

PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: Zero (0)

Policy states 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.

115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Policy states notification will be as soon as possible and no later than 72 hours after receiving the allegation.

115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Policy states documentation of notification will be provided.

The Detention Captain confirmed he would document such notifications.

115.363 (d)

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: Zero (0)

Policy 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.

The Detention Captain confirmed he would notify the facility director where the alleged incident occurred, report the allegation for investigation, and document it.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

115.364

Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Facility PREA First Responders Checklist
4. DCS Protocol: First Responder Guidelines for Sexual Assaults
5. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Staff First Responders
2. Random Sample of Staff
3. Residents who Reported a Sexual Abuse - none present

Findings (By Provision):

115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse.

The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser.

The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
4. The number of times the first security staff member to respond to the report requested 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: 0
5. The number of times the first security staff member to respond to the report ensured 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: 0

Policy states 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

Staff were knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

115.364 (b)

PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

All staff are security staff.

Interviews confirmed staff would request that the alleged victim not take any actions that could destroy physical evidence. Interviews revealed staff would not share sensitive information with other staff and residents. Staff were knowledgeable of their first responder duties.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

115.365

Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Sexual Abuse Coordinated Response Plan
4. BCJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. Superintendent or Designee

Findings:

PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Policy states 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.

The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse. The Detention Captain confirmed BCJDC has a Coordinated Response Plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, and facility leadership.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

115.366

Preservation of ability to protect residents from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. Agency Head or Designee

Findings (By Provision):

115.366 (a)

PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.

The Detention Captain confirmed BCJDC has not entered into or renewed any collective bargaining agreements.

115.366 (b)

The Detention Captain confirmed BCJDC has not entered into or renewed any collective bargaining agreements.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.

115.367

Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head or Designee
2. Superintendent or Designee
3. Designated Staff Member Charged with Monitoring Retaliation
4. Residents who Reported a Sexual Abuse - none present

Findings (By Provision):

115.367 (a)

PAQ: The agency has 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.

The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

The name(s) of the staff member(s): Becca Shepherd

The title(s) of the staff member(s): PREA Coordinator

BCJDC policy states youth and staff who have reported sexual misconduct shall be provided protection against retaliation.

115.367 (b)

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

BCJDC policy states 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.

The interview with the Detention Captain confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations. He stated protective measures would include housing changes, removal of alleged abusers, and emotional support services from Centerstone.

The PREA Coordinator stated the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes separating victims from alleged abusers, administrative leave for staff, emotional support services provided by Centerstone, housing changes, and close observation. 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.

115.367 (c)

PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

The length of time that the agency and/or facility monitors the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: Zero (0)

DCS policy states for a period of ninety (90) days following a report, the agency monitors the treatment of child/youth or staff that made a report and the child/youth that were reported to be abused to identify attempts at retaliation or negative

1. Child/youth disciplinary reports, housing, or program changes;
2. Negative performance reviews or staff reassignments; and
3. Periodic status checks of children/youth.

The Agency continues monitoring beyond ninety (90) days if evidence indicates a continued need.

BCJDC policy states at each thirty (30) day period, the PREA Facility Compliance Manager shall determine that the conduct or treatment of any youth or staff who reported sexual misconduct and the victims 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.

The Detention Captain stated measures he would take when he suspects retaliation would be to separate both parties, interview both parties, and disciplinary actions may occur if some type of retaliation has taken place.

The PREA Coordinator stated things she looks for to detect possible retaliation includes staff interactions with the residents and changes in behavior. She would review youth disciplinary reports, housing and room assignments and program changes. She stated she would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days or would continue until a retaliating resident or staff are no longer at the facility.

115.367 (d)

DCS policy states monitoring should include periodic status checks of children/youth.

The PREA Coordinator stated things she looks for to detect possible retaliation includes staff interactions with the residents and changes in behavior.

115.367 (e)

DCS policy states if any individual involved in a report expresses fear of retaliation, the Agency takes appropriate measures to protect the individual that includes segregated (protective) housing, as applicable, if voluntarily requested by the individual.

The Detention Captain stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation includes housing changes and juveniles would not have any interaction. He confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through separating youth to another pod or assigning staff to another job duty.

115.367 (f)

BCJDC policy states the obligation to monitor terminates if the allegation is determined to be unfounded.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

115.368

Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. Superintendent or Designee

Findings:

PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0

Policy states 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.

The Detention Captain confirmed the facility does not use segregated housing in this manner.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

115.371

Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

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

Interviews:

1. Superintendent or Designee
2. PREA Coordinator
3. Investigative Staff - DCS
4. Residents who Reported a Sexual Abuse – none present

Findings (by provision):

115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

BCJDC policy states local law enforcement and the Department of Children Services (DCS) handle the investigation involving youth in Tennessee. Staff is expected to cooperate with the investigation.

DCS is responsible for allegations of sexual abuse or sexual harassment. The DCS investigator stated once a case is received, it takes less than 24 hours to initiate an investigation following an allegation of sexual abuse or sexual harassment. The investigator confirmed she handles anonymous or third-party reports of sexual abuse and sexual harassment in the same manner as all investigations. She begins by interviewing the individual who reported the allegation. The auditor reviewed the reports for allegations of sexual abuse and sexual harassment and observed they were received in a timely manner.

115.371 (b)

DCS investigators receive specialized training in sexual abuse investigations involving juveniles. The DCS investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through classroom and computer-based training.

115.371 (c)

The DCS Investigator gathers all evidence, reviews video surveillance footage if available, and interviews 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.

The DCS investigator confirmed the first steps in initiating an investigation is contacting the facility where an allegation of sexual abuse or sexual harassment has been made and requesting all available information. This occurs within 24 hours. She then travels to the facility to review any video footage that may be available, and conducts interviews with the alleged victim, alleged perpetrator, and all witnesses. Direct and circumstantial evidence she would be responsible for gathering in an investigation of an incident of sexual abuse would include video footage, interviews, statements, third-party information, etc.

115.371 (d)

PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

The DCS investigator confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e)

The DCS investigator confirmed when she discovers evidence that a prosecutable crime may have taken place, she consults with prosecutors before conducting compelled interviews.

115.371 (f)

The DCS investigator confirmed she judges the credibility of an alleged victim, suspect, or witness based on evidence. She

The DCS investigator confirmed the efforts she makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include investigating the allegation and coordinating with the DCS PREA Coordinator. She confirmed she documents administrative investigations in written reports. The reports include incident reports, interviews, and all available evidence.

115.371 (h)

The DCS investigator confirmed criminal investigations are documented. There were no criminal investigations during the audit period. The investigations are documented in the appropriate TFACTS incident reporting section.

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: Zero (0)

The DCS investigator confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

DCS policy states Agencies maintain sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.

115.371 (k)

The DCS investigator confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (m)

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

BCJDC cooperates with the DCS investigators and remains informed about the progress of investigations through TFACTS and contact with the investigator.

The Detention Captain confirmed if an outside agency investigates allegations of sexual abuse, the facility remain informed of the progress of a sexual abuse investigation through contact with local law enforcement. The PREA Coordinator stated she requests to stay informed.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.372

Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. DCS Policy 14.7 Child Protective Services Investigation Track
4. BCJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. Investigator - DCS

Findings:

PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

DCS policy states a report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse, as defined in Tennessee Code Annotated 37-1-102 or 37-1-602.

The interview with the DCS investigator confirmed the preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

115.373

Reporting to residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee
2. Investigative Staff - DCS
3. Residents who Reported a Sexual Abuse - none present

Findings (by provision):

115.373 (a)

PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0

Policy states 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.

The DCS Investigator confirmed she is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

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.

115.373 (b)

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

facility.

115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy states 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.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 0
2. The number of those notifications that were documented: 0

Policy states all notifications or attempted notifications shall be documented.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

115.376

Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Findings (by provision):

115.376 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

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.

115.376 (b)

In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0
2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Policy states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.376 (c)

PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: Zero (0)

Policy states 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.

115.376 (d)

PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)

Policy states 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

115.377

Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. Superintendent or Designee

Findings (by provision):

115.377 (a)

PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

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.

115.377 (b)

PAQ: The facility 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.

Policy states 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.

The Detention Captain stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would include filing a report with local law enforcement.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

115.378

Interventions and disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee

Findings (by provision):

115.378 (a)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Policy states 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.

115.378 (b)

PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0
2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

Policy states 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.

115.378 (c)

Policy states 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.

The Detention Captain stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

such contact.

Policy states BCJDC may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy states 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.

115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Policy states 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381

Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Cooperative Agreement with the Bradley County Juvenile Court and Centerstone
4. Memorandum of Understanding with the HOPE Center Inc.
5. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Staff Responsible for Risk Screening
2. Medical and Mental Health Staff – N/A
3. Residents who Disclose Sexual Victimization at Risk Screening

Findings (by provision):

115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%

Policy states 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.

115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Policy states 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.

The lieutenant responsible for risk screening confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Policy states 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 BDCJDC policy and Federal, state, or local law, to guide treatment plans and security and management decisions, including housing, bed, work, education, and program

PAQ: 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

115.382

Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Cooperative Agreement with the Bradley County Juvenile Court and Centerstone
4. Memorandum of Understanding with the HOPE Center Inc.
5. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Practitioners
2. Residents who Reported a Sexual Abuse – N/A
3. Security Staff and Non-Security Staff First Responders

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.382 (a)

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health practitioners maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

DCS policy for those sexual abuse incidents alleged to have occurred within seventy-two (72) hours, the Agency nursing personnel/designee offers to take the child/youth to the local hospital emergency room for examination, collection and preservation of evidence, and treatment.

Children/youth who are the victim of sexual abuse are provided prompt and appropriate medical treatment and counseling, to include is but not limited to: Agency staff, as applicable, provides emotional support to child/youth with the forensic medical exam process and investigation interviews.

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.

115.382 (b)

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.

Staff were knowledgeable of their first responder duties. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are 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. Medical and mental health practitioners maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted

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.

115.382 (d)

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

Policy states treatment services shall be provided to the victim at no cost regardless is the victim names the abuser or cooperates with any investigations.

Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Cooperative Agreement with the Bradley County Juvenile Court and Centerstone
4. Memorandum of Understanding with the HOPE Center Inc.
5. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Staff – N/A
2. Residents who Reported a Sexual Abuse - none present

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.383 (a)

PAQ: The facility offers 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.

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.

115.383 (b)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.383 (c)

Policy states the facility shall ensure youth have access to appropriate medical and mental health services, and as appropriate treatment consistent with the community level of care.

115.383 (d)

PAQ: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

The HOPE Center will offer pregnancy tests to female victims of sexual abusive vaginal penetration.

115.383 (e)

PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

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.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

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

Policy states treatment services shall be provided to the victim at no cost regardless if the victim names the abuser or cooperates with any investigations.

115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386

Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. PREA – Sexual Abuse Critical Incident Review Form
4. BCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee
2. PREA Coordinator
3. Incident Review Team

Findings (by provision):

115.386 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Policy states 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.

115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0

Policy states the review shall ordinarily be conducted within thirty (30) days of the conclusion of the investigation by a Review Team.

115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy states the review team consists of the following:

1. PREA Coordinator
2. Juvenile Court Director
3. Juvenile Detention Captain
4. Shift Supervisor
5. Lead Youth Service Officer

The Detention Captain 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.

115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

2. 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;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
6. 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 PREA Coordinator was interviewed as a member of the sexual abuse incident review team. She confirmed the team considers 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. She confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The auditor reviewed the Sexual Abuse Critical Incident Review Form and determined it was fully inclusive of the standard requirements.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

Policy states the Sexual Abuse Critical Incident Review report shall include recommendations for improvement. All the recommendations shall be implemented, or justification provided for not implementing said recommendations.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387

Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)
4. Annual Reports (2014-2021)
5. BCJDC Pre-Audit Questionnaire (PAQ)

Findings (by provision):

115.387 (a)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

BCJDC would use the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for every allegation of sexual abuse.

The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (b)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated data from 2014-2021.

115.387 (c)

PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

DCS policy states Agencies maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.387 (e) N/A

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

BCJDC does not contract with other facilities for the confinement of its residents.

115.387 (f)

DCS policy states upon request, Agencies provide all such data from the previous calendar year to the Department of Justice no later than June 30th.

The Department of Justice did not request BCJDC provide all such data from the previous calendar year.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.

115.388

Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Annual Reports (2014-2021) https://bradleycountytn.gov/juvenile_courts.html
4. BCJDC Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

2019-2021 Annual Report - inclusive standard requirements

Interviews:

1. Agency Head
2. PREA Coordinator

Findings (by provision):

115.388 (a)

PAQ: The agency 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, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

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.

Annual reports are published on the agency's website at: https://bradleycountytn.gov/juvenile_courts.html. Reports are published for 2014 through 2021. The reports were not previously inclusive of annual data comparison and statistical analysis, corrective actions, and policy updates and/or training needs. The Detention Captain and PREA Coordinator confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The auditor reviewed the published annual reports and found previous year's reports not to be inclusive of the requirements of the standard provision. Through corrective action, the 2019-2021 report is inclusive of the standard requirements.

115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the annual reports and determined they are inclusive of the standard provision.

115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor observed the published annual reports at: https://bradleycountytn.gov/juvenile_courts.html. The reports were not previously approved by the Detention Captain. Through corrective action, the 2019-2021 report is inclusive of the standard requirements.

115.388 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

The auditor reviewed the annual reports and observed no identifying information. The reports previously did not indicate the

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. Corrective action is complete.

Corrective Action:

115.388 (a-d)

Through corrective action, the 2019-2021 report is inclusive of the standard requirements.

115.389

Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. BCJDC Prison Rape Elimination Act (PREA) Facility Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Annual Reports (2014-2021) https://bradleycountytn.gov/juvenile_courts.html
4. BCJDC Pre-Audit Questionnaire (PAQ)

Findings (by provision):

115.389 (a)

PAQ: The agency ensures that incident-based and aggregate data are securely retained.

Policy states the facility shall ensure that records are maintained and securely retained.

The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

115.389 (b)

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Aggregated sexual abuse data is readily available to the public at least annually through its website at https://bradleycountytn.gov/juvenile_courts.html. Reports are published for 2014 to 2021.

The auditor reviewed published reports on the agency website.

115.389 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

DCS policy states before making aggregated sexual abuse data publicly available, Agencies remove all personal identifiers.

The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.

115.389 (d)

PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

DCS policy states Agencies maintain sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The auditor reviewed sexual abuse data from 2014 through 2021.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.

115.401

Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. BCJDC Pre-Audit Questionnaire (PAQ)
2. Interviews
3. Research
4. Policy Review
5. Document Review
6. Observations during onsite review of facility

Findings:

During the three-year period starting on August 20, 2013, and the current audit cycle, the Bradley County Juvenile Detention Center ensured that the facility was audited each cycle.

The auditor was given access to, and the ability to observe, all areas of the Bradley County Juvenile Detention Center. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none">1. BCJDC Pre-Audit Questionnaire (PAQ)2. Policy Review3. Documentation Review4. Interviews5. Observations during onsite review of facility <p>All Bradley County Juvenile Detention Center Audit Reports are published on the agency's website at: https://bradleycountyttn.gov/juvenile_courts.html.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

Appendix: Provision Findings

115.311 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator		
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator		
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator		
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
115.312 (a) Contracting with other entities for the confinement of residents		
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b) Contracting with other entities for the confinement of residents		
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility...	

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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).)	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).)	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).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal	na

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes