

PREA AUDIT: AUDITOR'S FINAL REPORT

Juvenile Facilities



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility: Mountainview Youth Development Center			
Physical address: 809 Peal Lane, Dandridge, Tennessee 37725			
Date report submitted:			
Auditor Information Jeff Rogers			
Address: 108 Jeannette Ave, Frankfort, Kentucky 40601			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: June 10-12, 2014			
Facility Information			
Facility mailing address: Same			
Telephone number: 865-397-0174			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	X <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:		X <input type="checkbox"/> Juvenile	
Name of PREA Compliance Manager: Heather Sartain			Title: PREA Compliance Manager
Email address: Heather.Sartain@tn.gov			Telephone number: 865-397-0174
Agency Information			
Name of agency: Tennessee Department of Children's Services			
Governing authority or parent agency: Tennessee Department of Children's Services			

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Agency Chief Executive Officer Jim Henry		
Name: Jim Henry	Title: Commissioner	
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Agency-Wide PREA Coordinator		
Name: Courtney Wood	Title: PREA Program Manager	
Email address: Courtney.Wood@tn.gov	Telephone number: 615- 532-6154	

AUDIT FINDINGS

NARRATIVE: The PREA Audit was conducted June 10-12, 2014 at the Mountainview Youth Development Center (MYDC) in Dandridge, Tennessee. The MYDC is operated by the Tennessee Department of Children’s Services. This Department also has two additional youth development centers located in middle and western Tennessee. The night before the audit was to occur, the auditor met with members of the facility’s management team at a local restaurant to discuss the approaching audit. The facility has a capacity for 144 residents and the population on the first day of the audit was 113. The first day of the audit the auditor met with all Department heads and discussed the events of the audit. A tour of the facility occurred and then the interviewing of staff and residents over the next two days. A total of 42 interviews occurred. Thirty (30) staff interviews occurred and 12 resident interviews also occurred as part of the PREA audit. The auditor also reviewed the compliance of all standards with members of the facility’s management team and the statewide PREA Coordinator. An exit conference was held on Thursday, June 12, 2014 at the facility with the Deputy Commissioner Monica Middlebrooks, Statewide PREA Coordinator Courtney Woods, Facility Superintendent Steve Houston and other members of the management team were present.

DESCRIPTION OF FACILITY CHARACTERISTICS: The Mountainview Youth Development Center is located in Dandridge, Tennessee approximately 30 miles east of Knoxville, Tennessee. The facility has a rated bed capacity of 144 but on the first

day of the audit the population was 113. The average length of stay is seven (7) months and six (6) days. The age range of residents is 13-18 and are male. The facility is considered Minimum Security. The facility is situated on 43 acres with 20 of those acres inside the First Defense Fence and a total of seven (7) buildings four of which are located inside the fence. There are four housing units. All housing units are made up of single beds with toilet and wash basins. Showers are located inside the housing units (2 per housing wing). Two buildings have four wings with a total of 96 beds and two buildings have two wings with a total of 48 beds. One wing is currently not in use because of door replacements being added. Staff supervision is provided around the clock and is augmented by surveillance cameras and the use of mirrors. A request has been made to add 64 cameras and associated equipment. This will make for less blind spots and more video surveillance areas. In addition to the housing units, there is a control center, administrative offices, gymnasium, education center including vocational offerings of wood working and culinary arts, a library, medical clinic, and staff offices.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: **3**

Number of standards met: 37

Number of standards not met: 0

Not Applicable: 1

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

The following information was utilized to confirm compliance with this standard:

Agency policy #18.8 PREA Zero Tolerance Policy, Page 1

Tennessee Employee Code of Ethics

Agency Organization Chart

The agency employs a PREA Compliance Manager as its PREA Coordinator. His sole responsibility is to coordinate the agency's effort at becoming PREA Compliant. The PREA Coordinator reports to the Deputy Commissioner. There are three Youth Development Centers and there is a separate PREA Compliance Manager at all three facilities.

§115.312 - Contracting with other entities for the confinement of residents

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

The following information was utilized to verify compliance with this standard:

The auditor reviewed three contracts for the confinement of juveniles and each contract had the required language.

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§115.313 – Supervision and Monitoring

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

The following information was utilized to verify compliance of this standard:

Agency policy # 27.25 relating to Inspections and Visits to Housing Units Page 1-2, section A-C.

The facilities staffing plan was reviewed along with quarterly reports to ensure staffing levels were maintained. While there were occasions when the facility did not have the required staffing and overtime by employees was used to ensure compliance with the plan. The staffing plan is monitored daily, shift by shift. The agency policy # 27.25 outlines who is required to make unannounced visits and when. At least weekly five separate positions are required to make these rounds and these rounds are documented. The radio is monitored to ensure announcement of these rounds is not announced to anyone. The facility does not currently meet the required ratios of staff but has until October 1, 2017 to meet these levels. Currently in addition to staff observation, mirrors and surveillance cameras are in place to ensure adequate staff coverage of residents.

§115.314 –Reserved

§115.315 – Limits to Cross-Gender Viewing and Searches

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

The following information was utilized to verify compliance with the standard:

Agency policies # 18.8 relating to PREA Zero Tolerance, page 5 section 8; #20.2 relating to Gender Identification, #27.38 relating to Youth Supervision, and # 27.39 relating to the Use of Showers and Bathrooms. All policies are compliant with the standards. The resident and staff interviews confirmed that there is no cross gender searches of any kind at this facility. The agencies training curriculum was also reviewed and found to include all necessary topics.

§115.316 – Residents with Disabilities and Residents who are Limited English Proficient

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

The following information was utilized to verify compliance with this standard:

Agency policy 18.8 relating to Zero Tolerance was reviewed and found compliant. There exists a contract for interpretive services at the facility. The residents and staff also confirmed that resident interpreters are not utilized at any time. There were no residents during the time of the onsite that needed interpretive services.

§115.317 – Hiring and Promotion Decisions

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

The following information was utilized to verify compliance with this standard:

Agency policies # 4.1 relating to Employee Background Checks, and # 4.9 relating to Employee Disciplinary Actions and Mediation. The facility goes beyond the requirement to verify background information at least every five years by doing so every year. This includes contractors and volunteers according to the interview with the Human Resources Manager and documentation reviews.

§115.318 – Upgrades to Facilities and Technology

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

The following information was utilized to verify compliance with this standard:

Interviews with the PREA Coordinator and Deputy Commissioner verified that there had been no additional construction or expansions since August 12, 2012. At the facility the Senior Captain of Security through the facility superintendent have requested camera and mirror upgrades that will enhance security and remove more blind spots. The request is for 64 new cameras, five DVRs, four additional monitors. According to the Agency Deputy Commissioner these new upgrades are slated to be included in the 2015-16 budget cycle.

§115.321 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized for verifying compliance with this standard:

Agency policy # 14.25 relating to Special Child Protective Services Investigations. In addition to this policy there is an amendment to this policy that outlines the investigation protocol. The agency has an MOU with the Helen Ross McNabb Sexual Assault Center of East Tennessee to provide SANE and SAFE services as well as providing any rape crisis related services at the facility or after departure from the facility. The agency employee's investigators to conduct administrative investigations but the agency is a separate Division with the Tennessee Department of Children's Services. For criminal investigations the Dandridge Police Department conducts these. Both investigation units adhere to the National Protocol for Sexual Assault Medical Forensic Examinations. At this date there have been no forensic examination conducted on a resident from the facility. Resident interviews confirmed that they were aware of the services provided by the Helen Ross McNabb group.

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized for verifying compliance with this standard:

Agency policies # 18.8 relating to the PREA Zero Tolerance policy, page 6 section F and # 14.25 relating to Child Protective Services Investigations page 3 (e) and 7 (k) . Both policies address the concerns outlined in this standard. There have been 13 allegations of sexual abuse and harassment at this facility in the last 12 months. Three (3) resulted in administrative investigations and there were zero (0) referred for criminal investigations. All investigations are completed at this date.

§115.331 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized for verifying compliance with this standard:

Agency policy #18.8 relating to the PREA Zero Tolerance policy pages 7-9, # 5.2 relating to Professional Development and Training requirements. The PREA training curriculum was shown to have all of the requirements to meet this standard including:

Slides # 5, 8-13, 17-19, 22, 24-25, 27-29, 35-27, 39-40, 45-46, and slides 48-49. Refresher training in PREA occurs at least once each year for each facility employee. Staff interviews confirmed the training requirements and they were knowledgeable of their contents.

§115.332– Volunteer and Contractor Training

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

The following information was utilized to verify compliance with this standard:

Agency policy #18.8 and Form CS-0940 relating to the Employee/Contractor Acknowledgement and Notification of the PREA. Also the agency's PREA Training Curriculum as identified in 115.331 is utilized for all volunteers and contractors. There have been 48 volunteers and contractors who have completed the PREA Training in the last 12 months.

115.333-Resident Education

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

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance Section C. The facility has posters in every living unit as well as in other areas of the facility where residents can see them. These are posted in Spanish as well as English. The resident handbook is also available in Spanish and English. The interviews with residents indicated all received information about PREA within two days or less after arrival. This is documented on agency forms as well. One hundred thirty eight (138) residents have received this information in the last 12 months. All training is documented on the CS-0939 form.

§115.334 – Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 9 section 3 (s). Also reviewed was the PREA Special Investigators training curriculum. There have been 45 investigators who have been trained in the appropriate curriculum. The training log was also viewed and found compliant.

§115.335 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information is utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 9. A total of 12 medical/mental health staff have been trained in the appropriate PREA Policy for medical and mental health staff. This is documented appropriately. Staff interviews with medical/mental health staff confirmed the receipt of this training.

§115.341 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 2 section B 1 and form CS-0946 relating to the screening instrument in use. Each resident who entered this facility was screened within 24-48 hours upon arrival using CS-0946. Residents are reassessed at treatment team meetings and at intervals that do not exceed 30 days. Resident interviews confirmed this as well. The person conducting the assessments also confirmed this practice during an interview.

§115.342 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 1 # 27.40 Relating to Youth Belief of Physical Danger and # 25.5 relating to Use of Confinement and agency policy # 20.20 relating to Guidelines related to Sexual Orientation and Gender ID page 2 section D. If a youth believes he is in danger of physical assault a Safety Plan is developed by staff that outlines how the resident will be safeguarded. Agency policy does not allow the use of confinement for residents at risk of sexual victimization. Reviews of this plan occur at least every 30 days or more often as needed. Staff interviews confirmed the use of the Safety Plan. At no time are residents placed in isolation because of a PREA concern. The safety plan includes where the resident will sleep, eat, where he will sit in school, and where he will be placed in the line when lining up for movement. At all times a victim or alleged victim will be within sight of a staff member.

§115.343 – Reserved

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

§115.351 – Resident Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 4 and the resident handbook page 5. All residents interviewed are aware of how to fill a grievance, inform staff, or use the 800 hotline number. Staff were also aware of these forms of communication to report an allegation. Staff were made aware of these policies and procedures through training at the facility. All staff were aware of the provision to report any verbal report allegation immediately to the appropriate supervisor or to dial the 800 number.

§115.352 – Exhaustion of Administrative Remedies

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

The following information was utilized to verify compliance with this standard:

Agency policy # 24.5 relating to Resident Grievances pages 1-5. There have been zero (0) grievances filed relating to sexual assault or harassment during the last 12 months. Agency policy also indicates there is no time limit on when sexual assault or harassment grievances may be filed. Residents are aware of the grievance process. Grievance forms and drop boxes for collecting grievances are available in each housing unit as well as other locations in the facility. Only one person has a key to this box.

§115.353 – Resident Access to Outside Confidential Support Services

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

The following information was utilized to verify compliance with this standard:

Agency policy #18.8 relating to PREA Zero Tolerance; #26.2 relating to Visitation; and # 24.12 relating to Access to Legal Counsel. The agency has an MOU with the Helen Ross McNabb Sexual Assault Center of East Tennessee for outside as well as inside sexual assault/harassment counseling and other therapeutic services. There are two counselors/therapists who work at the facility to provide all types of therapeutic services. Residents also have this information included in their resident handbook. Resident interviews also revealed knowledge about accessing the HRM to assist them if necessary.

§115.354 – Third-Party Reporting

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

The following information was utilized for verifying compliance with this standard:

The agency has a hotline number for residents, staff, or any other person to report sexual abuse and harassment. The agency also has a website that informs the public of the hotline number. <http://state.tn.us/youth>

§115.361 – Staff and Agency Reporting Duties

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

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 5 section E; #14.1 relating to the Child Abuse Hotline; # 14.25 relating to Special Child Protective Services Investigations. During the past 12 months there have been zero (0) allegations of sexual assault or harassment. Staff member interviews revealed their first responder duties to separate, preserve evidence, and inform residents (if in a short time span) not to use the bathroom, brush their teeth, etc. The facility has a protocol established in case a sexual assault occurs. All staff are aware of their responsibilities relating to reporting abuse.

§115.362 – Agency Protection Duties

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

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance; # 24.5 relating to Grievances. There have been zero (0) occurrences of a resident being under a substantial risk of imminent sexual abuse during the last 12 months. If such an event were to occur, a Safety Plan for that resident would be developed to ensure the risk is removed.

§115.363 – Reporting to Other Confinement Facilities

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

The following information was utilized to verify compliance with this standard:

Agency policy #18.8 relating to PREA Zero Tolerance page 2 section B 5. There was one incident during the past 12 months where a resident entering the facility from another confinement facility and made an allegation of sexual abuse at the last facility. The investigation outcome was unfounded. The Superintendent interview indicated his knowledge of reporting this occurrence.

§115.364 – Staff First Responder Duties

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

The following information was utilized for verifying compliance with this standard:

Agency policy # 18.8 page 5 section E and the agency's first responder protocol define the responsibilities of staff should an event occur. There have been no allegations of sexual abuse in the past 12 months. Staff interviews indicate staff are aware of their responsibilities if a sexual assault should occur.

§115.365 – Coordinated Response

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

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 5 section E and the First Responder agency protocol. The policy and protocol outline the steps to be taken by staff should a sexual assault occur. The protocol is excellent.

§115.366 – Preservation of ability to protect residents from contact with abusers

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

X The standard is non-applicable

The following information was utilized to verify compliance with this standard:

The agency does not have collective bargaining agreements because no union exist thus this standard is not applicable.

§115.367 – Agency protection against retaliation

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

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 page 3 section D; and # 4.20 relating to Workplace Harassment. The facility has Heather Sartain the PREA Compliance Manager as the person who monitors retaliation. The facility will monitor the occurrence of retaliation for at least 90 days and longer if necessary. There have been no occurrences in the last 12 months.

§115.368 – Post-Allegation Protective Custody

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

The following information was utilized to verify compliance with this standard:

Agency policy # 25.5 relating to Use of Confinement. The agency does not utilize isolation for victims of sexual assault. Rather the facility staff develop a safety plan for an affected resident. The safety plan outlines where the resident's room assignment will be, where he is in relation to staff at all times including line ups for eating etc. The plan is re-assessed at least every 30 days or more often as the need dictates. There have been zero (0) occurrences during the last 12 months. Residents are able to access programming etc. without interruption.

§115.71 – Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 14.25 relating to Special Child Protective Services Investigations page 3 sections A-H. There have been no sustained allegations in the last 12 months. There is a separate division within the Department of Child Services that conducts investigations.

§115.372 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 14.25 related to Special Child Protective Services Investigations. The policy defines the standard of preponderance of the evidence for determining whether the allegation is substantiated or not.

§115.373 – Reporting to Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 14.25 relating to Special Child Protective Services Investigations page 8 # 6-9. There has been one allegation (July 16, 2013) involving a teacher who wrote an inappropriate letter to a resident. The teacher was dismissed. The resident was informed of the results of the allegation.

§115.376 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 4.9 relating to Employee Disciplinary Actions and Mediation. There has been one termination of staff in the last 12 months because of a sexual abuse allegation being substantiated. The agency policy has in place all necessary sanctions up to and including termination if a sexual assault or harassment allegation is substantiated.

§115.377 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 7 section F; #14.6 relating to Child Protective Investigative Team page 1 section A1 & 2 and section 2 B1. The agency has each volunteer sign an acknowledgment form indicating they have received training about the PREA. There have been no volunteers or contractors reported for sexual assault or harassment in the last 12 months.

§115.378 – Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 24.5 relating to Youth Grievances; # 25.4 related to Disciplinary Guidelines page 2 section B. #25.5 relating to Use of Confinement. There have been no resident on resident sexual assault allegations in the last 12 months. Agency policy outlines the disciplinary process should an allegation be founded. Resident on resident sexual activity is prohibitive by policy. All aspects of the standard are covered in agency policy.

§115.381 – Medical and mental health screenings; history of sexual abuse

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 2 B 6. The intake assessment list verified that residents who told of prior victimization received access to medical and mental health personnel within the 14 day period. Medical and mental health offer informed consent to those older than 18 and do the same for those under 18. Verification of these occurrences can be found in nurse's daily roster and sick call logs. Interviews with medical and mental health staff confirmed this process.

§115.382 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 5 section E. Resident interviews indicate their awareness of the emergency medical treatment and the use of an outside entity, the Helen Ross McNabb to provide these services. Interviews with medical and mental health staff also verified these services are available. The use of the nurses daily roster and sick call log would be used if a resident wanted these services. There exists an MOU between the facility and the Helen Ross McNabb Sexual Assault Center of East Tennessee outlining the services available including those services provided outside the facility and at no cost to the resident.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy # 18.8 relating to PREA Zero Tolerance page 3 section C; # 18.13 relating to Assessment IPP/IEP page 1 B; 20.5 relating to Health Care Delivery page 5 section J. This is a male only facility thus no pregnancy testing is needed but treatment of sexually transmitted sexual diseases is offered. There have been no need of these services in the last 12 months.

§115.386 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy #18.8 relating to PREA Zero Tolerance page 6 section H. The facility has a SART (Sexual Abuse Review Team). The team is a multi-disciplinary group of personnel who review all substantiated allegations. Its members are made up of the PREA Compliance Manager, the facility Superintendent and ten (10) additional members from various departments within the facility.

§115.387 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Agency policy #18.8 relating to PREA Zero Tolerance page 10 K. The facility has participated in the collection of data for the Survey of Sexual Violence annually. The agency collects data from each of its three youth development centers on a routine basis. The interview with the statewide PREA Coordinator confirmed this as well. While this standard is compliant there has not been an annual report prepared.

§115.388 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

The interview with the statewide PREA Coordinator revealed there is not an annual report to date. However, the annual report should be available in the next 30 days or sooner.

115.388 Data review for corrective action.

Tennessee Department of Children’s Services shall prepare an annual report of its findings based on a review of data collected and aggregated pursuant to 115.387. The report shall provide an assessment of the agency’s progress in addressing sexual abuse. The report will be completed on July 20, 2014. The report shall be approved by the agency head and made readily available to the public through its website at:

<http://www.tn.gov/youth/juvenilejustice/prea.htm>

The Department of Children’s Services has completed its annual report therefore the standard is now compliant as of July 14, 2014.

§§115.389 – Data Storage, Publication, and Destruction

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

The following information was utilized to verify compliance with this standard:

Agency policy #18.8 relating to PREA Zero Tolerance page 11 K #5. While the agency collects data it has not put it into an annual report or made the aggregate information available on its website.

115.389 Data storage, publication, and destruction

Tennessee Department of Children’s Services shall 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 at:

The report shall be completed by July 20, 2014.

<http://www.tn.gov/youth/juvenilejustice/prea.htm>

The annual report has now been completed and will be posted on its website. The report was sent to the auditor for approval on July 14, 2014

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Jeff Rogers

July 14, 2014

Auditor Signature

Date