

# PREA Facility Audit Report: Final

**Name of Facility:** Putnam County Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 12/16/2023

**Date Final Report Submitted:** 04/08/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Latera M. Davis	<b>Date of Signature:</b> 04/08/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Davis, Latera
<b>Email:</b>	laterad@yahoo.com
<b>Start Date of On-Site Audit:</b>	11/02/2023
<b>End Date of On-Site Audit:</b>	11/03/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Putnam County Juvenile Detention Center
<b>Facility physical address:</b>	25 N. Washington Ave, Cookeville, Tennessee - 38501
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Raymond Bowman
<b>Email Address:</b>	rbowman@putnamcountytntnsheiff.gov
<b>Telephone Number:</b>	(931)528-5681

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Casey Flatt
<b>Email Address:</b>	cflatt@putnamcountytntnsheiff.gov
<b>Telephone Number:</b>	(931)528-5681

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Raymond Bowman
<b>Email Address:</b>	rbowman@putnamcountytntnsheiff.gov
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Victoria K.
<b>Email Address:</b>	putnamcountytntnsheiff.admin@qchcweb.net
<b>Telephone Number:</b>	(931)528-8484

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	22
<b>Current population of facility:</b>	8
<b>Average daily population for the past 12 months:</b>	12
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males

<b>Age range of population:</b>	13-17
<b>Facility security levels/resident custody levels:</b>	One
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	13
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Putnam County Sheriff's Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	421 East Spring Street , Cookeville, Tennessee - 38501
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Casey Flatt	<b>Email Address:</b>	cflatt@putnamcountyttnsheriff.gov

## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

- 115.333 - Resident education

#### Number of standards met:

42

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-11-02
2. End date of the onsite portion of the audit:	2023-11-03

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor reached out to the following organizations: <input type="radio"/> Just Detention International (JDI) <input type="radio"/> National Sexual Violence Resource Center (NSVRC) <input type="radio"/> Genesis House

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	22
15. Average daily population for the past 12 months:	12
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	8
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>12</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>1</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>5</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Due to the limited amount of youth at the facility all youth were interviewed.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>



<p><b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b></p>	<p>There were only eight youth at the facility. For met the targeted criteria. All youth received the random interview questionnaire.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>4</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on what was reported by the facility and the review of the intake risk assessment tool, there were no youth that met the targeted criteria.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on what was reported by the facility and the review of the intake risk assessment tool, there were no youth that met the targeted criteria.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on what was reported by the facility and the review of the intake risk assessment tool, there were no youth that met the targeted criteria.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on what was reported by the facility and the review of the intake risk assessment tool, there were no youth that met the targeted criteria.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on what was reported by the facility and the review of the intake risk assessment tool, there were no youth that met the targeted criteria.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on what was reported by the facility and the review of the intake risk assessment tool, there were no youth that met the targeted criteria.</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on what was reported by the facility and the review of the intake risk assessment tool, there were no youth that met the targeted criteria.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on what was reported by the facility and the review of the intake risk assessment tool, there were no youth that met the targeted criteria. Additionally the facility does not have segregated housing or isolation.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>4</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>All direct care staff on all shifts were interviewed. The same staff were scheduled for the next day shift.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>10</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

#### 95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	1
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were zero reported allegations of sexual abuse.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

### Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The PCJDC is a county juvenile detention center that houses male and female offenders in the State of Tennessee. The facility shares mission statement of the Sheriff’s Office:</p> <p>The men and women of the Putnam County Sheriff’s Office are committed to the protection of life and property among the citizens of the county, and are committed to providing law enforcement, corrections, and criminal justice services through a partnership with the community that builds trust, reduces crime, creates a safe environment, and enhances quality of life.</p> <p>Core Values</p> <ul style="list-style-type: none"> <li>· Integrity</li> <li>· Courage</li> <li>· Compassion</li> </ul>

- Professionalism
- Accountability
- Respect

With integrity, compassion, and courage we serve our communities....protecting life and property, being diligent and professional in our acts and deeds, holding ourselves and each other accountable for our actions at all times, while respecting the dignity and right of all.

The Putnam County Juvenile Detention Center mission is to provide a safe and secure facility for both inmates and the staff. The facility is a medium security correctional facility. The Putnam County Juvenile Detention Center is operated and managed by the Putnam County Sheriff's Office. The Putnam County Juvenile Detention Center is located in Cookeville, Tennessee. Majority of the inmates that are already sentenced have sentences less than two years. The Putnam County Juvenile Detention Center accepts inmates from surrounding municipalities and towns when there are no rooms in city jails.

All violent and out of control inmates will be separated from the general population inmates to keep the peace inside the facility at all times. The Putnam County Juvenile Detention Center receives new inmates to the jail daily. While new inmates are coming in, there are also inmates leaving as well. Inmates are released when they post bail, placed under probation, or on their own recognizance.

The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - a. Policy: Prison Rape Elimination Act (PREA)
  - b. Putnam County Juvenile Detention Center (PCJDC) organizational chart
  - c. Pre-Audit Questionnaire (PAQ)
2. Interviews:
  - a. PREA coordinator
  - b. Director
  - c. PREA Compliance Manager

Findings (By Provision):

115.311 (a). As reported in the 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The PCJDC is governed by the Sheriff's Office of Putnam County and serves as a county juvenile detention center for multiple counties and a holding facility for youth in state custody.

The PCJDC has policies and standards that govern its program. Policy: Prison Rape Elimination Act (PREA) states that "the detention center hereinafter has a zero tolerance for all forms of sexual abuse and sexual harassment of youth in the Putnam County Detention Center's custody, the detention center will take appropriate actions to reduce the risk of and detect and respond to all forms of sexual abuse and sexual harassment with the facility" (pg. 1).

The policy further states that "the detention center prohibits any form of sexual activities involving youth-on-youth, and staff/visitors/contractors/interns-on-youth as defined by the US Department of Justice PREA Juvenile Standards, Tennessee Law, Tennessee department of Youth Services and Detention Center policies" (pg. 1).

The interviewed facility director confirmed the above standards and requirements of the PCJDC program.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.311 (b). As reported in the PAQ, the facility employs an upper level, agency wide PREA coordinator/Director/Lieutenant, Casey Flatt. According to the agency organizational chart, the agency PREA coordinator reports to the Major. It was further reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility has PREA policies which ensure the sexual safety of facility residents and staff. The policy includes zero-tolerance philosophy from the agency central office through the front-line staff in its facilities. The agency/facility PREA coordinator has direct access to the head of the agency and regular communication with the senior leadership team.

- The PREA coordinator supervises one PREA compliance manager. The PREA coordinator and compliance manager share duties in the development, implementation, and oversight of PREA standards at all the assigned facilities.

Regular interactions occur via email and conducting training via classroom settings,

- Agency/Facility Organization Chart

Interviews:

PREA Coordinator: The interviewed staff reported that they have time to manage their PREA-related responsibilities. There is one PREA Compliance Manager and interactions occur through daily meetings. If there is an identified issue with a youth, we will review the safe housing and conduct a reassignment. If needed for the facility, more staff would be requested, blind spots would be addressed and additional staffing.

Additionally, the auditor spoke with the state PREA Coordinator who also confirmed that the state conducts annual inspections on the contracted sites.

115.311 (c): According to the PAQ, the PCJDC has a designated PREA compliance manager. While PCJDC only operates one facility, there is an onsite designated PREA compliance manager.

Compliance Determination:

The PREA compliance manager handles most of the day-to-day activities associated with the PREA standards and facility policies.

Policy: Prison Rape Elimination Act (PREA), states that “the Putnam County Sheriff or designee will ensure that the Detention Center Director designates a PREA Compliance Manager. The facility/program Director or designee will provide the Agency PREA Coordinator with an update of any changes in PREA Compliance Managers within two weeks of the change” (pg. 3).

The PCJDC provided an organizational chart that outlines the setup of the organization.

Interviews:

PREA Compliance Manager: The interviewed staff reported that they have enough time to manage all of the PREA-related responsibilities. The PREA standards are coordinated by continued training. Training on subjects like assessments, classifications, and searches.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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	<b>Auditor Discussion</b>
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The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.):
  - a. Policy: Prison Rape Elimination Act (PREA)
  - b. Pre-Audit Questionnaire (PAQ)
  - c. Contract with Tennessee Department of Children’s Services (DCS)
2. Interviews:
  - a. Agency contract administer-1

**Findings (By Provision):**

115.312 (a). The Pre-Audit Questionnaire (PAQ) indicated that the agency has not entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility does not contract with another entity for the confinement of its Residents. The agency is a party to a contract to temporarily hold residents for state youth or other counties.
- Policy: Prison Rape Elimination Act (PREA) states that “any new contract or contract renewals by the Detention Center with any public and private agencies, for the confinement of youth, as well as contracts for professional services for youth will include the Detention Center’s obligation to adopt and comply with PREA standards. Copies of all contracts containing the PREA Compliance Requirements will be maintained on file for review” (pg. 3).



	<p>Corrective Action:</p> <ul style="list-style-type: none"> <li>· N/A. There are no corrective actions for this provision.</li> </ul> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>115.312 (b). The Pre-Audit Questionnaire (PAQ) indicated that the agency has entered into or renewed contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit.</p> <p>Compliance Determinations:</p> <p>The facility has demonstrated substantial compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· The agency/facility does not contract with another entity for the confinement of its Residents.</li> </ul> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· N/A. There are no corrective actions for this provision.</li> </ul> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.): <ol style="list-style-type: none"> <li>a. PCJDC program Staffing Plan (dated 11/10/20)</li> <li>a. Pre-Audit Questionnaire (PAQ)</li> </ol> </li> </ol>

- b. Policy: Prison Rape Elimination Act (PREA)
- c. Supervision Monitoring Log/Unannounced Rounds -10 months
- d. Deviation to the Staffing Plan
- e. Annual Staffing Plan Assessment (2023)
- f. Staff schedule calendar (12 months)
- 2. Interviews:
  - a. Director
  - b. PREA coordinator
  - c. Intermediate or higher-level staff -1
- 3. Corrective Action:
  - a. Unannounced Rounds (3)
  - b. Corrective Action: Facility layout and positioning of staff memo.

Findings (By Provision):

115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:

- (1) The physical layout of each facility.
- (2) The composition of the resident population.
- (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (4) Any other relevant factors.

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 12.

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 12.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Annual Staffing Plan

- The facility has cameras to supplement supervision of residents. They are in and out of the facility to help eliminate blind spots and to assist in monitoring residents.

Policy: Prison Rape Elimination Act (PREA), states that the PCJDC program “will develop, implement, and maintain a staffing plan that provides staffing, and where applicable, video monitoring, to protect youth against sexual abuse” (pg. 3). It further states that “each time the staffing plan is not complied with the facility will document and justify all deviations from the staffing plan in accordance with Putnam County Youth Detention Center Policy” (pg. 3). During the onsite audit phase, the annual staffing plan was not completed. Upon review, the auditor recommended that the facility complete an annual staffing plan. Upon review of the Annual Staffing Plan dated 11/10/20, the PCJDC program takes into consideration the following:

- Generally accepted juvenile detention and correctional/secure residential practices.

- Applicable state or local laws, regulations, or standards.

- Judicial findings of inadequacy.

- Federal findings of inadequacy.

- Composition of youth population.

- Shift programming.

- Prevalence of substantiated incidents of sexual abuse.

- Facility blind spots or isolation.

- Composition of the resident population.

- Number and placement of supervisory staff.

- Institution programs occurring on a particular shift.

- The need for video monitoring.

Corrective Action: Facility layout and positioning of staff memo.

Interviews:

PREA Compliance Manager: When assessing adequate staffing levels and the need for video monitoring the facility is toured by the Coordinator and Compliance Manager. We look for ways to eliminate blind spots. There were no judicial findings for inadequacy, federal investigative agencies, or internal or external oversight bodies. We attempt to house same/similar juveniles together. We do not offer programs however a teacher will come from the county to offer education.

Director: The Director question, does your facility has a staffing plan? Yes, the facility has to have at least two officers to meet staffing requirements. The staffing plan is logged daily. Additionally, there are cameras. The staffing plan is documented. When assessing staffing levels, the below are addressed:

- o Generally accepted detention practices: No less than two officers on a shift.
- o Judicial Findings: None
- o Inadequacy from federal investigations: None
- o Inadequacy from internal or external oversight bodies: None
- o All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); All areas covered with cameras or in Clearview of officers.
- o Composition of resident population: the facility can accommodate 16 males and 6 females
- o The number and placement of supervisory staff: 1 Lieutenant, 1 FTO Sergeant, 3 shift staff
- o Institution programs: Only education
- o Any applicable state or local laws, regulations, or standards: DCS standards
- o The prevalence of substantiated and unsubstantiated incidents of sexual abuse: One sexual harassment allegation.

Compliance is monitored on a daily basis.

PREA Audit Site Review: During the site review, the auditor observed that there were approximately eight residents at the site and four staff. Two of the four staff were supervisors. The auditor observed that there were enough staff based on the set up of the facility, however the staff were not always in proximity to the youth. On the boy's unit there were are three pods in one unit. The boys were split in two per pod. The staff were not always directly on the unit with the boys and often relying on cameras to conduct supervision.

The PCJDC is a level one secure facility, temporary housing site for male and female juvenile offenders in the State of Tennessee. It is a county facility; however, the facility is contracted to hold youth from various counties in the state along with youth in the custody of the state juvenile justice agency. As identified by the facility and observed during the site review, the housing units contained four resident housing units (one female and three male). The male units were open bay, and the female unit could house two females per room.

The auditor inspected facility doors, restrooms, and office areas. The areas were consistently secured and locked. The auditor noted placement and coverage of video monitoring and technology, along with surveillance cameras, and reviewed for

potential blind spots. Inspections of bathroom and shower areas were conducted, with observation of possible cross-gender viewing. The auditor was able to fully view the camera system.

Corrective Actions:

- The facility shall develop a plan to ensure that staff have direct observation of the youth on the housing units. A layout of the facility was provided along with the positioning of staff to ensure direct observation occurred at all times. A memo was provided indicating how staff would conduct direct observation.
- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.313 (b). According to the PAQ the facility has deviated from the staffing plan. The facility operates a staffing plan that meets the PREA ratio standards. Deviations occurred due to unexpected illnesses, training, and planned leave.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staffing Plan
- Deviations to the staffing plan (last 12months)

Interviews:

Director- There have been no situations that have hindered the facility from meeting the staffing pattern. The facility documents all instances of non-compliance with the staffing plan. Ratios are 1:8 and 1:16.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.313 (c). According to the PAQ, the facility meets staffing ratios by maintaining the staffing ratios of minimum 2:8 during resident waking hours and 1:8 during resident sleeping hours. As reported, the facility has not deviated from the staff ratios of 2:8 during waking hours and 1:8 during resident sleeping hours.

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 63.

In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 127.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The staffing plan is reviewed annually. Per protocol, the PREA coordinator/ compliance manager would be notified in advance if there were any adjustments made to the plan.
- The staffing plan is objective with the number and placement of staff and some video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and security needs and programming. The staffing plan considers sick leave, vacation, FMLA, callouts, training days, military leave, etc...
- The agency/facility makes its best efforts to comply on a regular basis with the staffing plan and the facility document deviations from the staffing plan. Annually the agency/facility adjusts as needed to resource available to ensure adherence to the staffing plan. The agency PREA coordinator/Facility Compliance Manager is a part of the annual review.
- The agency/facility intermediate-level and upper-level supervisors conduct unannounced rounds on all shifts to prevent, detect and respond to allegations of sexual abuse and sexual harassment. Staff are prohibited from alerting other staff members of PREA to unannounced rounds.
- The facility has cameras located in and around the facility that are always monitored. The cameras in the facility cover the inside of the housing area, rear, front, administration, and outside recreation areas. There were no cameras in resident restrooms.
- Deviations to the staffing plan (12-month report).

Interviews:

Director: The facility is required to meet DCSS standards, including those pertaining to staffing ratios. That ratio is 1:8 and 1:16.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.313 (d). As reported in the PAQ, at least once a year the facility, in collaboration with the agency's PREA coordinator; reviews the staffing plan to see whether adjustments are needed to:

- The staffing plan;

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Annual Review of staffing plan (2023)

Interviews:

PREA Coordinator - The interviewed PREA Coordinator reported that meetings with the PREA Compliance Manager occur weekly. Such adjustments to staffing could be made at that time.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.313 (e). As reported in the PAQ, the facility has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. It was further reported that the unannounced rounds covered all shifts.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), states that "intermediate-level staff (Administrative Lieutenant, etc.) and higher-level staff shall conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment" (pg. 3).
- The policy further states that "the unannounced rounds will cover all shifts and all areas of the facility; unannounced rounds must be conducted after 12:30 am and no later than 4:30 am twice per month; and that staff are prohibited from alerting other staff of such rounds" (pg. 3).
- Supervisor monitoring/unannounced rounds log (12 months)
- Corrective Action: Unannounced Rounds (3)

Interviews:

	<p>Intermediate or Higher-Level Staff- The interviewed staff reported that unannounced rounds are conducted to ensure that residents are on schedule and doing what they are supposed to do. When the rounds are conducted staff do not know when we are coming around. We will come around at random times throughout the day and the night. The rounds are done by walking the facility making sure the youth are secure and things are done as they are supposed to be done.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· The unannounced rounds log does not have any context. The logs just show dates and times. The facility shall conduct rounds and add context as to what was observed. The facility provided three unannounced rounds that occurred in November detailing the context of the rounds. No further action needed.</li> </ul> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents <ol style="list-style-type: none"> <li>a. Policy: Prison Rape Elimination Act (PREA)</li> <li>b. Pre-Audit Questionnaire (PAQ)</li> <li>c. State of Tennessee Department of Children’s Services, Search Procedures Training</li> <li>d. New Hire Training Logs - 3</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random sample of staff - 4</li> <li>b. Random sample of residents - 8</li> </ol> </li> </ol>



Findings (By Provision):

115.315 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross gender visual body cavity searches of residents.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves “touching” by either gender staff.
- There have been no strip search or body cavity searches, and these are prohibited, nor have there been any searches involving “touch”.
- Policy: Prison Rape Elimination Act (PREA), (pg. 4), states that “the facility will not conduct cross-gender strip and body cavity searches of youth. Cross-gender pat down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional orders of the facility.”
- Putnam County Juvenile Detention Center does not conduct cross-gender strip or cross gender visual body cavity searches of residents. While cross gender searches are prohibited staff receive training by the State of Tennessee Department of Children Services on Search Procedures.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.315 (b). The facility reported in the PAQ that it does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months, the number of cross-gender pat-down searches of residents: 0. In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not permit cross-gender part-down searches and has a policy against this practice. This facility is males only.

Interviews:

Random Sample of Staff: Four interviews with staff working during the audit period were conducted. Four of the interviewed staff reported that officers are trained to conduct cross-gender pat down searches during their basic training. Cooksville detention facility staff are trained to conduct cross gender searches, however, do not allow staff to conduct cross gender searches of residents. All 4 staff were aware of the process regarding refraining from cross gender searching. They understood if the opposite gender was not available, they were to contact jail or dispatch officer to come and provide search. The youth would be placed in a holding cell until able to be searched.

Residents(s) in custody Interview Questionnaire: Eight of residents interviewed in custody reported that staff do not announce themselves when entering the housing areas. However, also stated that females do not enter the male unit and male officers do not enter the female unit. All eight residents interviewed in custody reported that they cannot be seen in the shower area naked in full view. Eight of residents interviewed in custody confirmed that staff of opposite gender have never conducted pat down search while they have been detained at facility.

Corrective Actions:

- N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.315 (c). The facility indicated in their response to the PAQ that the 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches and has a policy against these practices.
- Policy: Prison Rape Elimination Act (PREA), states that “all searches must be documented detailing the exigent circumstances using Policy Attachment B-Cross Gender Searches Documentation” (pg. 4).

Corrective Actions:

- N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.315 (d). As indicated in the 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, along with policies and procedures that advise staff.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (PREA), (pg. 4), states that “with the exception of medical examinations or urine drug screens, staff will not view youth showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine cell checks” (pg. 4). The policy further states that “staff of the opposite gender is required to announce their presence when entering the youth housing unit” (pg. 4).

Onsite Review/Observations:

- During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor observes areas where residents may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing, intake, showers, bathrooms, and recreation areas.
- During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show Residents naked, using the showers or toilets on camera monitors. The auditor requested that the control room operator zoom in on randomly selected living units focusing on the showers and toilets. There were no Residents’ midsections being viewed on monitors.
- During the site review, the auditor observed the facility critical function of the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the PREA Screening are kept in the residents’ files and maintained in lock file cabinet and rooms. There was no confidential resident information located in places where other residents could review. It should be noted that due to the small nature of the site, all staff conduct the assessments and have access to the information.
- Corrective Action: Signage on doors as a reminder for opposite gender announcements.

Interviews:

Random Sample of Staff: All four of the interviewed staff reported that residents(s) in custody can dress, shower, and use the toilet without being viewed by staff of the opposite gender and that female presence on housing units is announced. Four of the interviewed staff reported that they make an announcement when they enter

the housing unit. The four interviewed staff stated they normally do not enter opposite gender housing unit unless exigent circumstances, and they would enter with two staff members.

Residents(s) in custody Interview Questionnaire: Eight of residents interviewed in custody reported that staff do not announce themselves when entering the housing areas. However, also stated that females do not enter the male unit and male officers do not enter the female unit. All eight residents interviewed in custody reported that they cannot be seen in the shower area naked in full view. Eight of residents interviewed in custody confirmed that staff of opposite gender have never conducted pat down search while they have been detained at facility.

Corrective Actions:

- The auditor observed that cross gender announcements were not made when the auditor entered the male unit. The announcements were made when male staff entered the female unit. The auditor recommends putting signage near the door to remind staff of the requirement to make an announcement. Signage for opposite gender staff was placed on the exterior living unit doors. No further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.315 (e.) Per the 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. There were no reported searches that were conducted in the last 12 months.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has a practice that no staff will search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.
- The facility has not housed any transgender or intersex residents for the past 12 months.
- Policy: Prison Rape Elimination Act (PREA) states that "non-medical or medical staff will not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during a conversation with the youth or if necessary, by learning that information as a party of a broader medical examination conducted in private by a medical practitioner" (pg. 4).

Interviews:

Random Sample of Staff: Four interviews with staff working during the audit period

were conducted. All four the interviewed staff reported that they are not allowed to search or physically examine a transgender or intersex individual in custody for the purpose of determining the individual in custody's genital status.

Corrective Actions:

- N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.315 (f). As reported in the PAQ, the facility trained one hundred percent of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs as such searches are prohibited.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility provided the training material (Search Procedures) of the agencies cross gender and transgender pat search training.
- A review of a sample of staff training records further supported the PCJDC program meeting the requirements of the provision.
- During the audit period, the facility did not have transgender or intersex residents.

Interviews

Random Sample of Staff: Four interviews with staff working during the audit period were conducted. Three of the interviewed staff reported that they received training to conduct cross-gender pat down searches during their basic training. The three staff further stated that they have continued to cover training regarding searches in annual training. One member of staff had recently been hired and was still in the on-the-job training phase and had not completed basic training.

Corrective Actions:

- N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and

	<p>online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<p><b>115.316</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents:       <ol style="list-style-type: none"> <li>a. Policy: Prison Rape Elimination Act (PREA)</li> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Define Disability Document</li> <li>c. Memo: Staff Interpreter</li> <li>d. Interpreter Memo</li> <li>e. PREA Posters - 2</li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>a. Director</li> <li>b. Random sample of staff -4</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.316 (a). As reported in the PAQ, the facility, 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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· To ensure effective communication with residents or residents who are deaf or hard of hearing, the agency provide access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.</li> </ul>

- The agency also provides written materials in formats or through methods that ensure effective communication with residents/residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.

- The agency has a form (Define Disability) that has more detailed information for staff in understanding disability.

- Memo: Statement of Use of Staff (Sheriff) for interpretation services.

The PCJDC policy (pg. 5) states that:

The facility director will ensure that the facility provides age-appropriate and disability services to youth by special education instructors or other means. The Director, in consultation with the facility lead teacher and special education teacher, will ensure that staff develops guidelines that will aid youth with disabilities to deliver PREA information. If necessary, the Director will work with the local board of education to develop a memorandum of understanding about providing these services. The guidelines should include but not limited to the following:

- Staff responsible for services

- Processes for accessing services to include weekends, holidays, after hours

- Documentation

- Timeframe in which service is to be delivered

- Follow-up

- All staff will be made aware of the procedures for accessing these services when needed.

Interviews:

- Agency Head-The interviewed agency head reported that the agency does have established procedures to provide residents with disabilities and residents who are limited English proficiency. If needed, movements would be made to accommodate.

Corrective Actions:

N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.316 (b). As reported in the PAQ, the facility 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Policy: Prison Rape Elimination Act (PREA) states that, “accommodations will be made to ensure that youth who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse to staff directly, through interpretative technology, or through non-youth interpreters” (pg. 5).
- Interpreter services Memo: Indicated that the facility utilizes a certified full-time officer for interpreter services.

Corrective Actions:

N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.316 (c). As reported in the PAQ, the facility prohibits the use of resident interpreters, readers, or other types of resident assistance and there were zero instances where resident interpreters, readers, or other types of resident assistants have been used. 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 case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The program has not relied on resident interpreters, resident readers, or other types of resident assistants.
- All staff indicated that they would not let residents serve as interpreters. The facility has staff interpreters.
- The Prison Rape Elimination Act (PREA) policy further states that the “facility prohibits use of youth interpreters, youth readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-responder's duties under 115.364 or the investigation of the youth's allegations. All exigent circumstances must be documented” (pg. 5).

Interviews:



	<p>Random Sample of Staff: Three staff members interviewed confirmed that they had never encountered a situation in which a resident in custody was permitted to act as an interpreter to report allegations of sexual abuse or sexual harassment. One staff member interviewed stated it was unknown if residents were allowed to be interpreters. Additionally, all staff members indicated that they would arrange for a staff member to interpret if resident in custody need assistance.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Policy: Prison Rape Elimination Act (PREA)</li> <li>b. Pre-Employment Questionnaire - 3</li> <li>c. Background Checks - 9 (new hire and existing)</li> <li>d. Reference Checks-3</li> <li>e. Five-year background check/promotions - 6</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. HR administrator</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.317 (a). As reported in the PAQ, the facility policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of</p>

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.
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, of 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

the PCJDC program 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 “has been found guilty of sexual abuse or sexual misconduct and sexual harassment” (pg. 5).

A review of 3 staff files; demonstrated that the PCJDC program is compliant with this policy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.316 (b). As reported in the PAQ, the facility, has a policy that 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 the residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Prison Rape Elimination Act (PREA) policy, states that “all new hires and employees being considered for promotion will have a background investigation completed in accordance with the Putnam County Sheriff’s Department policies and in compliance with all PREA Standard requirements” (pg.5).
- Personnel File background checks (9)

Interviews:

Administrative (Human Resources): The interviewed human resources staff

reported that the facility 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 residents. As a law enforcement entity, a detailed law enforcement investigation is conducted on all staff.

Corrective Actions:

N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.317 (c). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility policies requires that before hiring new employees who may have contact with residents the agency shall: (1) Perform a criminal background records check; and (2) 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.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 1.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (PREA) states that "all new hires and employees being considered for promotion will have a background investigation completed in accordance with the Putnam County Sheriff's Department policies and in compliance with all PREA Standard requirements" (pg. 5).

- Background Checks (9)

Interviews:

Administrative (Human Resources): The interviewed human resources staff reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. A detailed law enforcement investigation/ check is conducted.

Corrective Actions:

N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.317 (d). The facility indicated in their response to the PAQ that agency policies require that a criminal background records check is completed before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the department on contract who have direct contact with offenders.

In the past 12 months, 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: 1.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The PREA policy further states that the "Detention Center shall perform a criminal background records check, and consult applicable sex offender registries, before enlisting the services of any contractor who may have contact with youth in accordance with the Department of Justice PREA Standards" (pg. 5).

The contractors, volunteers, and interns are also required to review and sign a Mandatory Pre-Service PREA Audit Questionnaire document addressing any prior sexual abuse in a residential setting.

· It should be noted that the above-mentioned contractor is not contracted to provide a service. Education services are provided by another county's education staff member. The education staff is an employee of the same county of the facility.

Interviews

Administrative (Human Resources): The interviewed human resources staff reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions.

Corrective actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.317 (e). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility also acknowledges that background checks are conducted every five (5) years.
- Documentation of 5-year background checks (6)
- The PCJDC program, Policy: Prison Rape Elimination Act (PREA), (page. 5), states that “the Detention Center shall conduct criminal background records checks at least every five years for non-security employees and contractors in accordance with PREA Standards”. All PCJDC program background checks are completed by the Sheriff’s Office.

Interviews:

Administrative (Human Resources): The interviewed human resources staff reported that the system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with residents is the NCIC and local RMS check.

Corrective actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115. 317 (f). The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (PREA), (page 6), states that “all Employees, whether part-time or full time or per diem, as well as all interns, contractors and volunteers must read and sign the Staff PREA Acknowledgment Statement. A copy will be maintained in the personnel file or the appropriate file.”

Promotions: There were no promotions during the audit process.

Interviews:

Administrative (Human Resources): The interviewed human resources staff reported that the facility asks all applicants and contractors who may have contact with residents about previous misconduct described in section (a)\* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency conducts a detailed law enforcement investigation.

Corrective Actions:

- N/A. There are no corrective actions.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.317 (g). According the to the PAQ, the agency’s policy states that material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency’s policy states that “material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination.” The agency’s Policy: Prison Rape Elimination Act (PREA), (pg. 6); further reiterates “during the interview process the facility will ask all applicants and prospective employees directly about previous sexual abuse misconduct. Staff or contractors that omit material regarding sexual abuse and sexual harassment or provide materially false information shall be terminated.”

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.317(h). Unless prohibited by law, the agency shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (PREA), (page. 6), states that the PCJDC program is “unless prohibited by law or Putnam County Sheriff’s Department Policies, the Department’s Office of Human Resources will provide information on substantiated

	<p>allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer.”</p> <p>Interviews:</p> <p>Administrative (Human Resources): The interviewed human resources staff reported that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. The requesting institution must make a personnel file record request.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Policy: Prison Rape Elimination Act (PREA)</li> <li>b. Memo: Camera System</li> <li>c. Facility Design/Set Up</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency head</li> <li>b. Director</li> </ol> </li> </ol> <p>Findings (By Provision):</p>

115.318 (a). The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the facility has not acquired a new facility or made substantial expansions or modifications to the existing facility since the last PREA audit.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility ensures PREA standards are considered when designing or acquiring or upgrading facilities and technologies. When making substantial modifications or designing any space to be occupied by residents PREA is taken into consideration. All spaces are evaluated for blind spots that cannot be seen through traditional video monitoring. Any blind spots are given a plan of physical monitoring to include documentation of when those areas are toured and inspected.

- Memo: Camera System

- Facility Design/Set Up

Interviews

Agency Head: The interviewed agency head reported that when designing, acquiring, or planning substantial modifications to facilities the agency will consider the effects of such changes on its ability to protect residents from sexual abuse. If changes were needed, the site would consult with an architect and the PREA Consultant.

Director: All of the above are considered in the design of the facility.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.316 (b). N/A-The facility reported in the PAQ that they have installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Memo: Camera System

- Facility Design/Set Up

Interviews:



	<p>Agency Head: The interviewed agency head reported that the agency uses new monitoring technology to enhance protection of residents from incidents of sexual abuse. Cameras are used as well as the ability to listen to phone calls.</p> <p>· Director: The IT group does the updates. They watch what the cameras to eliminate as blind spots as possible.</p> <p>Onsite Inspection: While onsite, the auditor reviewed the camera system. The camera system is available to the facility leadership via the computer.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Policy: Prison Rape Elimination Act (PREA)</li> <li>b. Pre-Audit Questionnaire</li> <li>c. Genesis House MOU</li> <li>d. Youth Villages MOU</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random sample of staff -4</li> </ol> </li> </ol>

- b. PREA coordinator
- c. Child Advocacy Center
- d. PREA Compliance Manager

Findings (By Provision):

115.321 (a). As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). It was further reported that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 6), states the “Tennessee Department of Children’s Services is responsible for conducting sexual abuse administrative investigations while the Putnam County Sheriff’s Office of Investigations is responsible for criminal sexual abuse investigations including youth-on-youth and staff-on-youth sexual abuse in accordance with U.S. Department of Justice PREA Standards and Tennessee Department of Youth Services Policies/Tennessee Law.”

Interviews

Random Sample of Staff: During the onsite audit, four random staff were asked, “Do you know and understand the agency’s protocol for obtaining usable physical evidence if an individual in custody alleges sexual abuse?”. All four interviewed staff were aware of the agency’s protocols. Staff were able to describe the process and steps required to protect physical evidence, which included separating the residents in custody, securing the area, protecting the physical evidence, not allowing the victim to shower or brush teeth, immediately seeking medical attention and contacting supervisor. All four staff members reported varies responses regarding who is responsible for conducting sexual abuse investigations it includes:

- Supervisors
- Adult Jail Staff
- Child Protected Services/ Division of Child Services
- Internal investigations.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.321(b). As reported by the PAQ, the protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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".

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Investigations following the required protocol as appropriate and adapted from or otherwise based on the most recent editions of the US Department of Justice's Office on Violence for Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2013.
- Genesis House MOU

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.321 (c). The facility indicated in their responses to the Pre-Audit Questionnaire that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The facility responded that forensic medical examinations are offered without financial cost to the victim. It was further reported that when SANEs or SAFEs are not available, they offer a qualified medical practitioner to perform forensic medical examinations.

The number of forensic medical exams conducted during the past 12 months: 0.

The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PCJDC program provided documentation of SANE and medical agreements with Genesis House. The agreements cover the responsibility of said parties, access

to medical and victim-related services.

Onsite Review/Observations:

- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in resident's housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.

Interviews

Child Advocacy Center- The auditor spoke to leadership at the advocacy center in reference to the relationship with the juvenile detention center. It was reported they would first check on the status of the youth, and they would be able to provide counseling for the juvenile and the family; along with goods assistance services if needed. Additionally, it was stated that emotional support and advocacy services would be available to assist the juvenile and family through the process and they have contracted services for the counseling services. They have not received any request for services from the facility in the last 12 months.

Corrective Actions:

- During the site review, the auditor observed limited signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by residents in the facility, including housing/living units. Recommend that the information is posted in hallways. The information is provided in English and Spanish and is legible. Additional signage was posted and provided to the auditor (picture).
- Pending Child Advocacy Center-completed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.321 (d). The facility indicated in their responses to the Pre-Audit Questionnaire that it has made attempts to make available to the victim, a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the facility makes available to provide these services a qualified staff member from a community-based organization, or a qualified facility staff member.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Victims are offered a victim advocate to accompany them during the forensic exam if requested.
- The PCJDC program provided documentation of SANE and medical agreements with Genesis House. The agreements cover the responsibility of said parties, access to medical and victim-related services.

Interviews:

Child Advocacy Center- The auditor spoke to leadership at the advocacy center in reference to the relationship with the juvenile detention center. It was reported they would first check on the status of the youth, and they would be able to provide counseling for the juvenile and the family; along with goods assistance services if needed. Additionally, it was stated that emotional support and advocacy services would be available to assist the juvenile and family through the process and they have contracted services for the counseling services. They have not received any request for services from the facility in the last 12 months.

PREA Compliance Manager: The interviewed staff reported that the site has an MOU with an outside victim advocate and crisis response agency.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.321 (e). The facility indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PCJDC program provided documentation of SANE and medical agreements with Genesis House. The agreements cover the responsibility of said parties, access to medical and victim-related services.

Interviews:

PREA Compliance Manager: The interviewed staff reported that the agency has an MOU with an outside advocacy and crisis response team. The MOU (Genesis House) gets their license from the state and audited by the state.

Child Advocacy Center- The auditor spoke to leadership at the advocacy center in reference to the relationship with the juvenile detention center. It was reported they would first check on the status of the youth, and they would be able to provide counseling for the juvenile and the family; along with goods assistance services if needed. Additionally, it was stated that emotional support and advocacy services would be available to assist the juvenile and family through the process and they have contracted services for the counseling services. They have not received any

	<p>request for services from the facility in the last 12 months.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>115.321 (f). N/A-the facility/agency conducts the administrative and criminal investigations.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>115.321 (g). The auditor is not required to audit this section.</p> <p>115.321 (h). The auditor is not required to audit this section.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Investigation - 1</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency head</li> <li>b. Investigative staff - 1</li> </ol> </li> </ol>

Findings (By Provision):

115.322 (a): As reported in the 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, the number of allegations of sexual abuse and sexual harassment that were received: 1.

In the past 12 months, the number of allegations resulting in an administrative investigation: 1.

In the past 12 months, the number of allegations referred for criminal investigation: 0.

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- Investigation Report
- Policy: Prison Rape Elimination Act (PREA), (pg. 8), states that the “facility Directors will ensure that all allegations of sexual abuse or sexual harassment are referred for investigation in accordance with Putnam County Sheriff’s Department Policies and U.S. Department of Justice PREA Standards”.
- Website: Corrections ([putnamcountynsheriff.gov](http://putnamcountynsheriff.gov))

Interviews

Agency Head: The interviewed agency head stated that the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. All investigations are handled by the Criminal Investigations Division.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.322 (b). As reported in the PAQ, the facility has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. In addition, the facility reported in the PAQ that the agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is not published on the agency website or made publicly available via other means.

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 8), states that “the Department of Investigations will ensure that investigations of all allegations of sexual abuse and sexual harassment on Detention Center Property, including third party and anonymous reports, are completed.” The PCJDC does not have an agency website; however, as a contracted entity of the Tennessee Department of Children’s Services, the PREA policies and requirements of contractors are posted on the state agency site.
- Website: Corrections (putnamcountyttnsheriff.gov)
- Investigation Report

#### Interviews

Investigative Staff: The interviewed staff reported that the policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations.

#### Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. The investigation interview was completed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

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.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility indicated that the agency is responsible for conducting criminal investigations. The Sheriff’s Office of Investigation is responsible for conducting criminal investigations at the facility. The PCJDC is an entity of the Sheriff’s Office.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.322 (d). The auditor is not required to audit this provision of the standard.

115. 322 (e). The auditor is not required to audit this provision of the standard.



	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. PREA Training Curriculum</li> <li>d. PREA Signed Acknowledgement Forms -3</li> </ol> </li> <li>2. Corrective Action <ol style="list-style-type: none"> <li>a. PREA Initial and Refresher Sign-In Sheets</li> </ol> </li> <li>3. Interviews: <ol style="list-style-type: none"> <li>a. Random sample of staff - 4</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters:</p> <ul style="list-style-type: none"> <li>· The agency’s zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>· How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> </ul>

- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Staff must complete the PREA Training Series as required the Tennessee Department of Children Services.” The facility utilizes the MOSS Group Training. The following components are included in the training:

- The agency’s zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and

- Relevant laws regarding the applicable age of consent.

Staff Development and Training curriculums were evaluated by the auditor and contained all items indicated above. Sign-in sheets for staff initial and refresher training were reviewed showing compliance with the practice of training staff.

#### Interviews

Random Sample of Staff: Four interviews with staff working during the audit period were conducted. Three staff members affirmed that they received PREA education as part of their initial basic training and in yearly follow-up training sessions. One member of staff had recently been hired and was still in the on-the-job training phase and had not completed basic training. Staff did state that during the OJT training, PREA information had been provided as well as previous law enforcement experience. All four staff from these staff interviews reveal that they possess a clear understanding of the Zero Tolerance Policy, the rights of both employees and residents in custody, recognizing signs and symptoms of sexual abuse, and the procedures for reporting and responding to such incidents. Furthermore, the four staff members were able to articulate the appropriate actions to prevent, detect, report, and respond to instances of sexual abuse and harassment. The four staff members could articulate ways to avoid inappropriate relationships with residents as well as ensuring they comply under mandated reporting laws.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.331 (b). The facility reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are not given additional training.

#### Compliance Determination:

Policy: Prison Rape Elimination Act (PREA), (pg. 6), reiterates that “the training will be tailored to the unique needs and attributes of the adolescent female residents served by the PCJDC program”.

A review of 3 new hire staff training records along with in-service training logs confirmed compliance with the standard.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.331 (C). As reported in the PAQ, between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The frequency with which employees who may have contact with residents receive refresher training on PREA requirements are met every year.
- Training Records

Corrective Actions:

The facility should provide a roster or a sign in sheet for the annual refresher training.

Corrective Action Documents:

- PREA Refresher Training Log

115.331 (d). The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. All new hires sign two different documents during orientation.

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility trains all employees who may have contact with residents on PREA training topics. Employees receive this training prior to having contact with residents. The agency/facility provides the PREA training as a part of pre-service/ orientation. Training is also reinforced and enhanced by on-the-job training, shift briefings, staff meetings and management meetings where experienced and knowledgeable staff members work with new hires to educate them further about PREA practices. The PREA training is documented through rosters (staff signatures or electronic verification), meeting minutes, shift briefing notes.

- Training Acknowledgement: 3

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. PREA Training Curriculum</li> <li>d. PREA Signed Acknowledgement Forms -3</li> </ol> </li> <li>2. Corrective Action <ol style="list-style-type: none"> <li>a. PREA Initial and Refresher Sign-In Sheets</li> </ol> </li> <li>3. Interviews: <ol style="list-style-type: none"> <li>a. Random sample of staff - 4</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.331 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents in the following matters:</p> <ul style="list-style-type: none"> <li>· The agency’s zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>· How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>· Residents right to be free from sexual abuse and sexual harassment;</li> <li>· The right of residents and employees to be free from retaliation for reporting</li> </ul>

sexual abuse and sexual harassment;

- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Staff must complete the PREA Training Series as required the Tennessee Department of Children Services.” The facility utilizes the MOSS Group Training. The following components are included in the training:

- The agency’s zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

Staff Development and Training curriculums were evaluated by the auditor and contained all items indicated above. Sign-in sheets for staff initial and refresher training were reviewed showing compliance with the practice of training staff.

#### Interviews

Random Sample of Staff: Four interviews with staff working during the audit period were conducted. Three staff members affirmed that they received PREA education as part of their initial basic training and in yearly follow-up training sessions. One member of staff had recently been hired and was still in the on-the-job training phase and had not completed basic training. Staff did state that during the OJT training, PREA information had been provided as well as previous law enforcement experience. All four staff from these staff interviews reveal that they possess a clear understanding of the Zero Tolerance Policy, the rights of both employees and residents in custody, recognizing signs and symptoms of sexual abuse, and the procedures for reporting and responding to such incidents. Furthermore, the four staff members were able to articulate the appropriate actions to prevent, detect, report, and respond to instances of sexual abuse and harassment. The four staff members could articulate ways to avoid inappropriate relationships with residents as well as ensuring they comply under mandated reporting laws.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.331 (b). The facility reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are not given additional training.

#### Compliance Determination:

Policy: Prison Rape Elimination Act (PREA), (pg. 6), reiterates that “the training will be tailored to the unique needs and attributes of the adolescent female residents served by the PCJDC program”.

A review of 3 new hire staff training records along with in-service training logs confirmed compliance with the standard.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.331 (C). As reported in the PAQ, between trainings the agency provides employees who may have contact with residents with refresher information about

current policies regarding sexual abuse and harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The frequency with which employees who may have contact with residents receive refresher training on PREA requirements are met every year.
- Training Records

Corrective Actions:

The facility should provide a roster or a sign in sheet for the annual refresher training.

Corrective Action Documents:

- PREA Refresher Training Log

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.331 (d). The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. All new hires sign two different documents during orientation.

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility trains all employees who may have contact with residents on PREA training topics. Employees receive this training prior to having contact with residents. The agency/facility provides the PREA training as a part of pre-service/ orientation. Training is also reinforced and enhanced by on-the-job training, shift briefings, staff meetings and management meetings where experienced and knowledgeable staff members work with new hires to educate them further about PREA practices. The PREA training is documented through rosters (staff signatures or electronic verification), meeting minutes, shift briefing notes.

- Training Acknowledgement: 3

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:



	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.333</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. PREA Orientation PPT</li> <li>d. PREA Posters/Handouts</li> <li>e. Student Handbook</li> <li>f. Signed Residential Education Acknowledgement Statements (19)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Intake staff - 1</li> <li>b. Random sample of residents - 8</li> </ol> </li> <li>3. Onsite observation <ol style="list-style-type: none"> <li>a. PREA Posters</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.333 (a). As reported in the 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.</p> <p>The number of residents admitted in past 12 months who were given this information at intake: 150. It was further reported that the information is provided in</p>

an age-appropriate fashion.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (PREA), (pg. 8) states that during the intake process, "youth shall receive, at a minimum, age-appropriate oral information, the PREA intake flyer, an explanation of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of suspicions of sexual abuse or sexual harassment."

Its further stated that staff are required to read and explain the Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) as provided by the Tennessee Department of Children's Services (DCS). At intake, the DCS Pamphlet Step Up...Speak Out, A Handout on How to Report an Incident of Sexual Misconduct or Sexual Assault, along with posters placed throughout the program provided residents with age appropriate PREA education.

- Resident Education records reviewed (19).

#### Onsite Review/Observations:

- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, residents in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.

- Testing of Critical Functions/Internal Reporting Methods: During the site review, the auditor tested the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment. Residents can use phones, and internal grievance process or written formats. The auditor requested that a resident demo the steps of reporting by phone. It was also discussed where and who received the reports.

- The facility has critical information continuously available to residents through posters, PREA handouts and meetings/sessions with case managers or counselors. The auditor recommended replacing some posters in the housing area for the residents.

#### Interviews

Intake Staff: One staff member was interviewed that performs intake duties. Staff stated that during admission to the facility all youth are provided information regarding agency's zero tolerance policy for sexual abuse or sexual harassment. During the intake process, the residents are provided an assessment, PREA Acknowledgement form as well as given a handout regarding prevention and reporting sexual abuse or sexual harassment.

Residents(s) in custody Interview Questionnaire: Eight residents in custody were subject to interviews. Seven of the youth detained at facility arrived during the past 12 months. All eight residents confirmed that during their initial intake process at the facility, they were informed about their rights regarding protection from sexual abuse and harassment, how to report such incidents, and their right not to face repercussions for reporting. Residents stated they were given a handout about PREA during intake. In addition, were required to sign several forms discussing PREA. The forms residents signed were the Youth Acknowledgement and Notification of Prison Rape Elimination Act and Consent to disclose protected and confidential PREA related information. When asked about the timing of when residents received this information all eight residents recalled they were provided with this information on the same day they arrived at the facility during the intake process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.333 (b). As reported in the PAQ, 150 residents that were admitted in the facility during the past 12 months, who's length of stay was for 10 days or more received comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. It should also be noted that the facility reported that education is provided by giving the residents a brochure and the education classes have been suspended due to COVID.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 9) states that "within 48 hours of intake, staff at the facility will provide comprehensive, in person, age-appropriate education to youth." As indicated in the policy, additional information will be readily available to the youth through posters and youth handbooks.
- PREA Education material.

Interviews

Intake Staff: One staff member was interviewed that performs intake duties. Staff stated that during admission to the facility all youth are provided information regarding agency's zero tolerance policy for sexual abuse or sexual harassment. During the intake process, the residents are provided an assessment, PREA Acknowledgement form as well as given a handout regarding prevention and reporting sexual abuse or sexual harassment. Finally, all residents sign in a logbook acknowledging they received PREA information. Additionally, the resident is provided opportunity to complete assessment, ask questions of intake staff and sign

the PREA Acknowledgement form the same day arriving to the facility in intake.

Residents(s) in custody Interview Questionnaire: Eight residents in custody were subject to interviews. Seven of the youth detained at facility arrived during the past 12 months. All eight residents confirmed that during their initial intake process at the facility, they were informed about their rights regarding protection from sexual abuse and harassment, how to report such incidents, and their right not to face repercussions for reporting. Residents stated they were given a handout about PREA during intake. In addition, were required to sign several forms discussing PREA. The forms residents signed were the Youth Acknowledgement and Notification of Prison Rape Elimination Act and Consent to disclose protected and confidential PREA related information. When asked about the timing of when residents received this information all eight residents recalled they were provided with this information on the same day they arrived at the facility during the intake process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.333 (c). As reported in the PAQ, all residents received PREA related education within 10 days of being placed at the facility. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation. It was further reported that the residents receive PREA education within the date of admission.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility indicated that refresher information is given whenever residents are transferred to the facility and through PREA posters, sessions with case managers.
- The residents at the PCJDC program received information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake.
- Signed Acknowledgment: 19

Interviews

Intake Staff: One staff member was interviewed that performs intake duties. Staff stated that during admission to the facility all youth are provided information regarding agency's zero tolerance policy for sexual abuse or sexual harassment. During the intake process, the residents are provided an assessment, PREA Acknowledgement form as well as given a handout regarding prevention and

reporting sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.333 (d). As indicated in the PAQ, resident PREA education is not available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills. It was further reported that the clients admitted to this program would not be eligible for admission if there was an identified disability or LEP.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Residents sign an acknowledgment affirming they understand the agency/facility has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and policies and procedures in place to protect residents from victimization. Residents are encouraged to report it in person, in writing or by telephone.
- Signed Acknowledgement Reviewed (19).
- Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that “the appropriate education staff will provide youth under the Individuals with Disabilities Education Improvement Act (IDEA 2004) 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.”

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.333 (e). As reported in the PAQ, the agency maintains documentation of resident participation in the PREA education sessions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has critical information continuously available to residents through posters, PREA handouts and meetings/sessions with case managers or counselors.

· Site Review: There were no new intakes scheduled while the auditor was onsite; however, through formal and informal discussion the auditor was notified that intake typically occurs on the first day of the placement at the site.

Corrective Actions:

· N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.333 (f). The facility reported in the PAQ that the agency will ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Compliance Determination:

· Resident Handbook

· Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that “the facility shall ensure that key information is continuously and readily available or visible to youth through posters, student handbooks, or other written formats.”

· Based on site review, the PREA materials (including posters, resident handbooks, and brochures) were continuously visible in both English and Spanish throughout the facility. The residents housed at the program had ready access to PREA related material. During the site tour PREA related resident education was found to be readily available and accessible.

Corrective Actions:

· N/A. There are no corrective actions for this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

The facility exceeds standard in that it consistently provided PREA education to residents immediately upon intake at the facility.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Investigator records (Tennessee Bureau of Investigation) - 1</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative staff - 1</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.334 (a). As indicated in the PAQ, the agency/facility does not have trained investigators as all PREA-related investigations are conducted by an outside entity. The agency does not conduct any sexual abuse investigations. While the facility does not conduct investigations, the auditor recommended that a facility staff person complete the specialized training for investigations in the event the administrative component is not addressed by the outside investigator.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that “The Office of Investigations, Putnam County Sheriff’s Department and the Tennessee Department of Children’s Services are responsible for investigations of allegations of sexual abuse and sexual harassment”. Investigators have received specialized training as required by PREA standards. It should also be noted that the PCJDC program conducts administrative investigations and criminal investigations are referred to the local law enforcement.</li> <li>· The programs policy further states that “if at any time investigations are conducted by an outside law enforcement agency, the PREA coordinator will at a minimum inform the law enforcement agency of the training requirements under PREA for conducting an investigation within a correctional facility” (pg. 6). Training Curriculum-Reviewed onsite.</li> <li>· Training Records-The site would only allow the auditor to review the training records onsite. Such records were reviewed.</li> </ul> <p>Interviews</p>

Investigative Staff: The interviewed staff reported that they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training included child abuse investigations presented by ROCIC and Fox Cally Technical Institute, Tennessee Bureau of Investigation State Academy, and John E. Reid interview school.

Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. Information completed. No further information requested.

115.334 (b). Specialized training shall include 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Training records of four administrative investigators.
- Policy: Prison Rape Elimination Act (PREA), (pg.9) states that specialized training includes:
  - Techniques for interviewing juvenile sexual abuse victims.
  - Proper use of Miranda and Garrity warnings.
  - Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.
- Training Records-The site would only allow the auditor to review the training records onsite. Such records were reviewed.

Interviews

Investigative staff: The interviewed staff reported that the training included all of the above.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.334 (c). As reported in the PAQ, the agency maintains documentation showing



	<p>that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 3. It was later reported that there is only one staff designated to investigate PREA related allegations.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· The agency maintains documentation of investigator training records.</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>115.334 (d). Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard.</p> <p>In the audit, it was confirmed that the corrective action information was provided, and no further action is required. The facility is found compliant with the standard.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Specialized Training- (2)</p> <p>Corrective Action</p> <p>PREA Training</p>

## Additional Specialized Training

### Interviews:

#### Medical Staff (1)

### Findings (By Provision):

115.335 (a). The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 1. A percentage of all medical and mental health care practitioners who work regularly at this facility received the training required by agency policy. 100.

### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that "Putnam County Sheriff's Department shall require, and document specialized training related to PREA issues. Mental Health staff will also receive specialize training required by PREA and documentation of training will be maintained on file."
- Training records

### Interviews

Medical and Mental Health Staff: The interviewed staff reported that they completed the NIC training on sexual abuse and sexual harassment. The training included: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment.

### Corrective Action:

Pending Interview. The interview was completed, and no further action is required. Additionally specialized training certificates received. No further action is required.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.335 (b). As reported in the PAQ, agency medical staff at this facility do not conduct forensic medical exams.

### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- The facility does not conduct forensic examinations. Forensic examinations if needed will be conducted at the local hospital.

Interviews

Medical and Mental Health Staff: The interviewed staff reported that they do not complete forensic medical exams.

Corrective Actions:

Pending Interview. The interview was completed, and no further action is required.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.335 (c). As reported in the PAQ, the facility maintains training records of the medical and mental health staff. A sample of three medical and mental health staff records were reviewed and confirmed that the staff receives training as required by the standard.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that “documentation of their PREA standards specialized training will be secured and maintained on file.”

- Training Records

Corrective Actions:

The facility shall provide PREA-related training records for medical and mental health staff. Documentation of medical staff specialized and general PREA training received. No further action needed.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Training records

Corrective Actions:

	<p>The facility shall provide PREA-related training records for medical and mental health staff. Documentation of medical staff specialized and general PREA training received. No further action needed.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. The facility is in corrective action pending training records and interview of medical staff.</p> <p>In the audit, it was confirmed that the corrective action information was provided, and no further action is required. The facility is found compliant with the standard.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center (form) - 19</li> <li>d. Reassessment-1</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Staff responsible for risk screening - 1</li> <li>b. Random sample of residents - 8</li> <li>c. PREA coordinator</li> <li>d. PREA compliance manager</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.341 (a). As reported in the PAQ, the agency has a process in place to screen and support the residents in care. 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.</p>

The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 127.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has a policy governing the practice and procedures for screening residents. The screening process occurs in a setting that ensures privacy given the potentially sensitive information that is discussed. The screening location has adequate space, privacy, and time to conduct a quality screening of the Resident for the desired information.
- Policy: Prison Rape Elimination Act (PREA), (pgs. 9), states that “at the time of the youth’s admission to a secure facility, including transfers between secure facilities, the youth will complete the PREA Intake Screening within 48 hours, using the Tennessee Department of Children’s Services, Assessment, Checklist and Protocol for Behavior and Risk for Victimization” form. The policy further states that the “Facility Director will ensure that the staff re-evaluate the youth within 30 days.”
- Site Review: There were no scheduled intakes during the onsite portion of the audit; therefore, an intake was not observed.
- A review of 19 records of residents who entered the program in the last 12 months provided evidence that the appropriate screenings occur within 72 hours. The screening tool is called the Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center; and 100% of the reviewed intake screening forms were completed within hours; hence exceeding the standards.
- Reassessment: 1

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for performing screening for risk of victimization and abusiveness reported that all residents are screened for risk of sexual abuse victimization or risk of sexually abusiveness toward other residents. The screening occurs immediately upon youth placement at the facility. The information is ascertained through conversations with residents and the charges provided. Residents are screened every 90 days.

Residents(s) in custody Interview Questionnaire: Out of the eight residents interviewed while in custody, seven had been admitted to the facility within the past year. These seven residents were queried about their initial arrival to facility and if they were asked about experiences such as past sexual abuse, their sexual orientation (gay, lesbian, bisexual, or transgender), any disabilities, and their

perception of being at risk for sexual abuse. All seven residents distinctly remembered being asked these questions during their initial intake and two residents recalled being asked the same questions again by a nurse recently during an exam.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.341 (b). The PAQ indicated that the facility utilizes a risk assessment that is an objective screening instrument.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The screening occurs within 72 hours of arrival at the facility which includes transfer residents from other facilities.
- Resident Records Reviewed: 19

Interviews:

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.341 (c). At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

A review of the screening instrument confirmed that the above-mentioned areas are

taken into consideration when making programming and housing decisions.

- The facility uses PREA screening information to inform the agency or facility decisions regarding a particular Resident's housing unit, and programming needs. The assessment is conducted using an objective screening instrument. The residents are reassessed when warranted by incident of sexual abuse, and upon receipt of and new or relevant information.

- Resident Records Reviewed: 19

#### Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that the initial risk screening considers height, weight, sexual orientation, medical information, charges, and prior sexual victimization. The information is ascertained through interviews and observation.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

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.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Records Reviewed: 19

- The risk tool contains all of the required questions in addition to other risk factors.

- The risk screening is consistently conducted immediately upon admission.

#### Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that the information is ascertained by talking to residents and reviewing their charges.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined

that the agency and facility is fully compliant with this provision.

115.341 (e). The agency shall implement 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.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 10), states that “youth responses to questions will be on a need-to-know basis to ensure that sensitive information that might affect the youth should not be disclosed.”
- Site Review: The records are stored in an area not accessible to the youth. The facility is small, and all staff are trained to conduct the intake assessments. The intake assessments are maintained in a book and the residents sign forms acknowledging receipt of PREA related information.

#### Interviews

PREA Coordinator: The interviewed PREA Coordinator reported that the agency allows all juvenile officers to have access. All officers complete the tool however a specific youth is only on a need-to-know basis.

PREA Compliance Manager: The interviewed staff reported that the information is limited to direct care staff. All staff have access because all staff are responsible for completing the assessments.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that as a small facility all staff have access to the information. All staff conduct risk screenings.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

#### Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.



<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy Prison Rape Elimination Act</li> <li>c. Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center - 19.</li> <li>d. State Law on Use of Seclusion</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA compliance manager</li> <li>b. PREA coordinator</li> <li>c. Staff responsible for Risk Screening - 1</li> <li>d. LGB Resident-1</li> <li>e. Director</li> <li>f. Randomly Staff - 4</li> </ol> </li> <li>3. Onsite Tour <ol style="list-style-type: none"> <li>a. Review of housing units</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.342 (a). As stated in the PAQ, the facility uses information from the risk screening to inform housing, bed, work, education, and facility assignment with the goal of keeping the resident safe and free from sexual abuse.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· The facility uses PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.</li> </ul>

- The facility physical layout also considers in the determinations of housing assignments.
- Policy Prison Rape Elimination Act, states that “PCJDC will use information obtained from the intake assessments/screenings and subsequently, to make to make housing, bed, program, education, and work assignments for juveniles with the goal of keeping all juveniles safe and free from sexual abuse” (pg. 11).
- A review of 19 Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center forms

Interviews

PREA Compliance Manager: The interviewed staff reported that the information from the risk screening during intake is used to determine POD classification, to keep all children safe. We will look at all areas to determine where to house the youth. The facility programs are limited to education.

Staff Responsible for Risk Screening: The interviewed staff reported that the agency/facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. The information is used for housing and ensuring that the youth are safe. As a temporary holding facility, the facility only does education and not programming.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.342 (b). As stated in the PAQ, the facility has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. 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.

The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0

The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0

The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

Policy (pg. 10).

- The facility uses the PREA screening information from standard 115.41 to make individualized determinations for all residents regarding housing, bed work, education, and program assignments. These determinations are made to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.

Interviews

- Director: The interviewed director reported that they have not had any instances of isolation due to sexual abuse allegation. Isolation would be used as a last resort. If the juvenile asks for isolation or alone time. The resident would be checked on approximately every 6 hours and monitored every 15 minutes.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.342 (c). As reported in the PAQ, the facility prohibits placing lesbian, gay, bisexual, or intersex residents in particular housing, bed, or other assignments solely based on such identification status. The PAQ further reiterates that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act, states that, "Lesbian, gay, bisexual, transgender, or intersex youth will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor will the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive" (pg. 11).

Interviews

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

PREA Compliance Manager: The interviewed staff reported that the facility does not have specialized housing units for lesbian, gay, bisexual, transgender, or intersex residents.

Gay, Lesbian, and bisexual resident(s) in custody: One resident in custody identified as bisexual during the audit period. Resident stated they have never been separated or isolated in housing area only for resident that identify as gay, lesbian, bisexual, transgender, or intersex.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.342 (d). As reported in the PAQ, the facility makes housing and facility assignments for transgender or intersex residents in a facility on a case-by-case basis.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act, states that, "placement and programming assignments for each transgender or intersex youth shall be assessed every 6 months to review any threats to safety experienced by the youth" (pg.11).

Interviews

PREA Compliance Manager: The interviewed staff reported that room assignments are determined based on the resident's safety.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.342 (e). 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- As previously stated, the facility policy states that "transgender or intersex youth shall be reassessed at least every 6 months" (pg. 11).

Interviews

PREA Compliance Manager: The interviewed staff reported that room assignments

are determined based on the resident's safety.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that all residents are given the opportunity to shower separately from other residents. Safety is given serious consideration in placement and programming assignment of transgender or intersex residents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.342 (f). Transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act, states that, "A transgender or intersex own views with respect to his or her safety will be given serious considerations" (pg. 11).

Interviews

PREA Compliance Manager: The interviewed staff reported that room assignments are determined based on the resident's safety.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that transgender and intersex are residents given the opportunity to shower separately from other residents. It was further reported that all residents shower separately. All residents shower separately.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.342 (g). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Compliance Determination:

- Policy Prison Rape Elimination Act, states that, "Transgender and intersex youth shall be given opportunity shower separately from other youth" (pg. 11). It should be noted that each housing unit has only one shower.

Interviews

PREA Compliance Manager: Placement and programming assignments for each transgender or intersex resident is reviewed at least every six months.

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility will refer to jail nurse and make a report to CPS. This is done immediately.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.342 (h). If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. The PAQ indicated that there were zero residents at risk of sexual victimization who were held in isolation in the past 12 months.

Compliance Determination:

- The facility does not utilize isolation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.342 (i). If reported in a 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.

Compliance Determination:

- State Law on Seclusion

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

1. Documents:
  - a. Pre-Audit Questionnaire (PAQ)
  - b. Policy Prison Rape Elimination Act
  - c. Student Handbook
  - d. Grievance Form
  - e. Step Up...Speak Out Brochure
  - f. PREA Posters
  - g. Staff PREA Training
2. Interviews:
  - a. Random sample of staff - 4
  - b. Random sample of residents - 8
  - c. PREA compliance manager

Findings (By Provision):

115.351 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

- sexual abuse and sexual harassment;
- retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
- staff neglect or violation of responsibilities that may have contributed to such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the facility tour, residents that were pulled to the side for an informal interview stated that they can report sexual abuse and sexual through a grievance, call the hotline number listed on the posters or tell staff.
- Policy: Prison Rape Elimination Act describes multiple ways in which a youth can report PREA; which includes, but is not limited to verbally, help request, grievance, anonymously, third-party reporting, and reporting to a private entity or the hotline.
- In review of the student handbook, there are multiple ways provided for the

youth to report sexual abuse or sexual harassment. Additionally, the facility provided copies of the PCJDC grievance forms. The grievance process is one of many ways in which a resident could report sexual abuse or sexual harassment. During the tour of the facility the auditor observed PREA posters throughout the program. However, PREA related allegations are not managed through the PREA process.

- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, residents in the facility, and visitors. The notice was posted in the living units, common areas, and the facility entrance. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility provides resident access to writing instruments, paper, and forms to report with.

- During the site review, the auditor evaluated the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment. Resident can report by using the internal grievance process or written format or using the phone. The auditor requested that a resident demonstrate the steps of reporting by phone. It was also discussed where and who received the reports.

- The Resident can file a written report without giving his/her name or the name of the abuser (s).

- The agency/facility has multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse.

- PREA Audit Site Review: The auditor observed a locked grievance box in the resident housing area. There were readily available grievance forms for the youth to access.

- Residents are informed of the different ways to report, and how to access the internal and external reporting process.

- During the facility onsite inspection, the auditor observed intake process/ location, where the PREA screening occurred, the location of the drop boxes and whether they were locked.

- The facility has a toll-free hotline number available to Residents.

#### Interviews

Random Sample of Staff: The three interviewed staff reported that the residents(s) in custody can privately report by notifying staff, completing a sick call request/ grievance, requesting to speak with medical or mental health staff, using the PREA Hotline, or family. Such reports can be made verbally or in writing. One staff reported they were unaware youth could make a report privately. One staff member



had recently been hired and was still in the on-the-job training phase and had not completed basic training. All four of the interviewed staff reported that if a resident(s) in custody makes a report verbally or in writing, sexual abuse or harassment, the allegations are responded to immediately and they would immediately notify supervisor of allegation.

Residents(s) in custody Interview Questionnaire: Eight residents who were in custody underwent interviews. All eight residents could articulate the process for making a report of any incident of sexual abuse or harassment when asked for details. These residents expressed a sense of comfort in approaching staff as their primary choice for reporting such incidents. Furthermore, they mentioned that they had the option to submit a grievance, sick call informs medical staff, contact the PREA Hotline, or request a family member to make a report. Five out of the eight residents interviewed were not aware that they could make a report without disclosing their name

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.351 (b). As reported in the PAQ, the facility provides more than one way for residents to report abuse or harassment to a public or private entity that is not part of the agency. The PAQ further states that the agency does not detain for civil immigration purposes.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act addresses multiple entities in which a resident may report. Such described entities include but are not limited to the toll-free hotline and the Tennessee Department of Children Services. The policy further extends reporting standards to those detained for civil immigration purposes.
- In review of the Student Handbook and the PREA brochure, youth are provided multiple ways in which they can make a report of sexual abuse and sexual harassment. Such ways to report also included to a public or private entity that is not a part of the agency.

Interviews

PREA Compliance Manager: The interviewed staff reported that residents can call CPS toll free. Youth have phone cards that are provided by the facility. They can confidentially call or write letters to outside entities. Postage is provided and staff do not read their letters.

Residents(s) in custody Interview Questionnaire: Eight residents who were in custody underwent interviews. All eight residents could articulate the process for making a report of any incident of sexual abuse or harassment when asked for details. These residents expressed a sense of comfort in approaching staff as their primary choice for reporting such incidents. Furthermore, they mentioned that they had the option to submit a grievance, sick call informs medical staff, contact the PREA Hotline, or request a family member to make a report. Five out of the eight residents interviewed were not aware that they could make a report without disclosing their name

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.351 (c). The facility reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. It further reported that staff are required to document verbal reports within 48 hours.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act further reiterates said requirements. Additionally, staff are required to document the reports immediately. The resident handbook describes multiple means for youth to report. Such means include verbally, in writing, anonymously, and from third parties. As previously discussed, the youth were able to describe being able to make reports verbally, in writing, anonymously, and from third parties.

Interviews

Random Sample of Staff: The interviewed random sample of staff (4) reported that the residents(s) in custody reports can be made verbally or in writing. All the interviewed staff reported that if a resident(s) in custody makes a report verbally or in writing to them, they would immediately respond to the allegations by contacting supervisor.

Residents(s) in custody Interview Questionnaire: Eight residents in custody were interviewed. Five residents in custody reported that they could make a report of sexual abuse or sexual harassment either in person or in writing. When probed, the residents in custody typically stated that their family or friends could make a report, they could write a grievance or sick call, use the PREA Hotline, mail a letter or request to see medical staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.351 (d). As reported in the 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Residents sign an acknowledgment form confirming they have been provided information related to reporting. The Zero Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgment, affirms that resident understands reporting allegations of sexual abuse. The statement encourages Residents to report.
- PREA Audit Site Review: The auditor observed a locked grievance box in the resident housing area. There were readily available grievance forms for the youth to access.

Interviews

PREA Compliance Manager: The interviewed staff reported that residents can call CPS toll free. Youth have phone cards that are provided by the facility. They can confidentially call or write letters to outside entities. Postage is provided and staff do not read their letters.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.351 (e). The facility indicated in their response to the Pre-Audit Questionnaire that 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: orientation, in service, day-to-day communication with the compliance manager.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act, states that, "staff/contractors/volunteer/interns may privately report sexual abuse and sexual harassment of residents by

	<p>reporting to their Supervisor, Agency PREA Program Coordinator, and any Agency Ombudsman Offices, etc.” (pg. 12). The hotline may be accessed twenty-four (24) hours a day.</p> <p>Interviews</p> <p>Random Sample of Staff: Four interviews with staff working during the audit period were conducted. The two interviewed staff reported that staff can privately report by notifying supervisor, calling PREA hotline or notifying HR. Two staff reported they were unaware as staff they could report privately. One of the two staff members had recently been hired and was still in the on-the-job training phase and had not completed basic training.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Resident Handbook</li> <li>d. Memo: Emergency Grievances</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. There were no documented grievances for sexual abuse</li> </ol> </li> </ol>

Findings (By Provision):

115.352 (a). As reported in the PAQ, the agency does not have an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act states that “the facility will develop and incorporate into writing a local procedure, describing in detail, how the grievance process operation and functions in the Detention Center with appropriate time frames. Grievances will be processed and filed in the youth’s file as well as in a central grievance file” (pg. 12).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.352 (b). As reported in the PAQ, the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PAQ further states that agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy PREA Rape Elimination Action (pg. 12), states that “the facility will not impose a time limit when a youth may submit a grievance regarding an allegation of sexual abuse.” Additionally, the above-mentioned policy states that there is no time limit for residents to file a grievance regarding allegations of sexual abuse.

- The youth handbook provides further guidance to the youth on their ability to file grievances for allegations of sexual abuse and sexual harassment.

- Blank Grievance Form

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.352 (c). The agency reported in the PAQ that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility does not require residents who alleges sexual abuse or sexual harassment to submit a grievance to staff member who is the subject of the complaint and grievances are not referred to a staff member who is the subject of the complaint. The facility has drop boxes.
- Policy Prison Rape Elimination Act (pg. 13) states that “youth how allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be processed by a staff member who is the subject of the complaint.”

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.352 (d). As reported in the PAQ, the agency's policy and procedures require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 1.

In the past 12 months, the number of grievances alleging sexual abuse reached final decision within 90 days after being filed: 1.

In the past 12 months, the number of grievances alleging sexual abuse involved extensions because final decision was not reached within 90 days: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg.12), states that: Grievances alleging sexual abuse will be processed immediately but no later than 24 hours of retrieval. Final determination regarding the merits of the grievance will be made upon completion of the investigation within 45 days. Extensions of up to 70 days may be approved by the Sheriff or designee.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.352 (e). The facility reported in the PAQ that the agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The youth handbook further provides guidance on the youth's ability to have a third-party file a grievance on their behalf.

PREA Audit site review: There are grievance forms and a locked box available to the residents however the facility does not use the grievance system for allegations of sexual abuse and sexual harassment. If a grievance is completed for said allegation it is immediately turned over to investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.352 (f). The agency reported in the PAQ that the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0

The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A comprehensive review of the grievance documents along with interviews while conducting the site review confirmed application of this standard.
- All grievances at PCJDC are responded to with the threshold of immediately or no later than 24 hours.
- The facility provided a memo that there were no emergency grievances.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.352 (g). As reported in the PAQ the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of resident grievances alleging sexual abuse resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act states that “the facility will not discipline a youth for filling a grievance alleging sexual abuse unless the facility demonstrates that the youth field the grievance in bad faith” (pg. 12).

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

**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 compliance determination:

1. Documents:
  - a. Pre-Audit Questionnaire (PAQ)
  - b. Policy: Prison Rape Elimination Act (PREA)
  - c. PCJDC Student Handbook
  - d. Genesis House Agreement
2. Interviews:
  - a. Random sample of residents - 8
  - b. Director
  - c. PREA coordinator
  - d. PREA Compliance Manager

Findings (By Provision):

115.353 (a). As reported in the PAQ, the facility provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. It further reports that the facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The resident handbook has specific information for the residents to contact an outside advocate. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The facility does not provide residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; as they do not detain for civil immigration.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the facility tour, residents that were pull to the side for an informal interview, stated that outside sexual abuse and sexual harassment information is on the PREA brochure and posters, however, they never had to use it, so they did not

know the process.

Onsite Review/Observations:

- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, residents in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by Residents in the facility, including housing/living units. This information is posted throughout the facility. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in Residents in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility provides resident access to writing instruments, paper, and forms to report with.
- During the site review, the auditor evaluated the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment. Resident can report by using the internal grievance process or written format or using the phone. The auditor requested that a resident demonstrate the steps of reporting by phone. It was also discussed where and who received the reports.
- The Resident can file a written report without giving his/her name or the name of the abuser (s).
- The agency/facility has multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse.
- Residents are informed of the different ways to report, and how to access the internal and external reporting process.
- During the facility onsite inspection, the auditor observed intake process/ location, where the PREA screening occurred, the location of the drop boxes and whether they were locked.
- The facility has toll-free hotline numbers available to residents.
- Policy: Prison Rape Elimination Act (PREA), (pg. 12), further states that such access is made “by providing, posting, or otherwise making accessible mailing

addresses and telephone numbers, including toll free hotline numbers where available and for youth detained solely for civil immigration purposes, immigrant services agencies.”

- A review of documentation indicated that outside information regarding services was available to residents at intake, PREA brochures, and posters.
- The facility has determined which rape crisis center that are available to provide emotional support services to Residents. The facility has an agreement/MOU with the Genesis House and Youth Villages.
- If a resident is placed in some type of restricted housings, they will have access to emotional support services.
- The facility does not house residents solely for civil immigration purposes. However, if they did, the facility would notify any persons detained solely for civil immigration purposes about how they can access immigrant services agencies and provide mailing addresses and regular and toll-free telephone numbers.

#### Interviews

Residents(s) in custody Interview Questionnaire: Out of the eight residents in custody, two mentioned that they were aware of counseling services outside the facility that specifically address issues related to sexual abuse. However, these residents indicated that if they required access to such services, they would approach the staff for assistance. When questioned about whether the facility provided them with mailing addresses and telephone numbers for these external services, the residents did not recall seeing any information including addresses and telephone numbers. The interviewed residents were asked if they had ever made contact with these external services, and all of them responded that they have not had a situation that required services.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.353 (b). As reported in the PAQ the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. It was also reported that 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. Such information can be found in the resident handbook.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Residents are informed, in compliance with policy, that staff members are mandatory reporters as well as reporting rules that apply to disclosure of sexual abuse, made to third party organizations, including limits to confidentiality under relevant federal, state, or local law.
- A review of documentation indicated that outside information regarding services was available to resident at intake, PREA brochures, and posters.
- Policy: Prison Rape Elimination Act (PREA), (pg. 12), indicates that “staff shall inform youth during orientation the extent to which such communications will be monitored.” The policy also states that “the facility shall enable reasonable communication between the youth and these organizations and agencies in as confidential a manner as possible” (pg. 12). The policy further states that “staff shall inform youth, during intake and prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that applies to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law” (pg. 13).

#### Interviews

Residents(s) in custody Interview Questionnaire: Out of the eight residents in custody, two mentioned that they were aware of counseling services outside the facility that specifically address issues related to sexual abuse. However, these residents indicated that if they required access to such services, they would approach the staff for assistance. When questioned about whether the facility provided them with mailing addresses and telephone numbers for these external services, the residents did not recall seeing any information including addresses and telephone numbers. The interviewed residents were asked if they had ever made contact with these external services, and all of them responded that they have not had a situation that required services.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.353 (c). As reported in the PAQ, the agency or facility maintains a memorandum of understandings or other agency agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

The PCJDC program has a cooperative agreement with Genesis House for the delivery of forensic medical, case management and follow up referral services.

· The auditor reached out to the following organizations:

o Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need. Contact: Just Detention International (JDC) / Wilshire Blvd., Suite 340 Los Angeles, CA 90010 / Email sent: 9.22.23 and a response was received on 9.26.23 indicating that no information was received.

o National Sexual Violence Resource Center (NSVRC) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting. Contact: National Sexual Violence Resources Center (NSVRC) /2101 N. Front Street Governor’s Plaza North, building #2 Harrisburg, PA 17110 / Email sent: 6/21/23 at 6:45pm.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.353 (d). As reported in the PAQ, the facility provides residents with reasonable and confidential access to their attorneys or other legal representation, and parents or legal guardians.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

· Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that PCJDC “will provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians in accordance with Tennessee Department of Children’s Services Policies and Putnam County Sheriff’s Office Policies.”

· Memo: “The JDC has installed an additional phone on each pod, so now each pod has 2 phones that can be used during waking hours. The juveniles are furnished with paper and pencil and envelope if they want to write. The JDC provides any

	<p>necessary postage. Attorneys are allowed to visit the children at any time”.</p> <p>Interviews</p> <p>Director: The residents are provided meaningful and confidential access to their attorneys and other legal representation/parents/guardians. They can write letters or make phone calls. Additionally, they have face-to-face visits.</p> <p>PREA Compliance Manager: The interviewed staff reported that youth have two phones on each POD. They are provided with pencil and paper and free postage. Attorneys have access at anytime. We have direct observation of the POD for confidentiality. The youth can write their parents or legal guardian. Additionally, they have face to face visitation two times per week.</p> <p>Residents(s) in custody Interview Questionnaire: Eight residents in custody were interviewed. All residents interviewed stated that they are unaware if they spoke with someone about sexual abuse that the information would remain private and confidential. The eight residents did confirm that they are allowed to have confidential access to their attorneys and other legal representations. However, parents or legal guardians’ conversations are not private; phone calls are overheard on the unit and visitation occurs on the unit with other residents and staff nearby.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>a. Policy: Prison Rape Elimination Act (PREA)</p>

b. Pre-audit Questionnaire

c. Website: Corrections (putnamcountytntnsheiff.gov)

Findings (By Provision):

115.354 (a). As reported in the PAQ, the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment, and the agency/facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that “a third-party reporting: youth shall be advised verbally and in writing, how to report abuse through the Tennessee Abuse and National Sex Abuse Hotline. Staff will accept third party reports including from fellow residents, staff members, family members, attorneys, and outside advocates.”

Signage for the public

- PREA Audit Site Review: During the site review the auditor observed PREA related posters with telephone numbers for outside reporting.
- Detention website: Corrections (putnamcountytntnsheiff.gov)
- Corrective Action: Additional information on how to make a report (website)

Corrective Actions:

- The website does not advise on how to make a report. It is recommended that the site upload the PREA brochure rather than the audit notice to provide information on how to make a report. Additional information was posted on the website on how to write a report. No further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

1. Documents:
  - a. Policy: Prison Rape Elimination Act (PREA)
  - b. Training records - 3
  - c. Consent to Disclose Protected & Confidential PREA Related Information - 19
  - d. Investigation Report (1)
2. Interviews:
  - a. Random sample of staff - 4
  - b. Medical and mental health staff (1)
  - c. Director
  - d. PREA Compliance Manager

Findings (By Provision):

115.361 (a). As reported in the PAQ, the agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The various ways staff indicated that they could make a report included but was not limited to: Report to supervisor; Report to the PREA “person” and Facility Director; and complete an incident report.
- Staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, taking the resident to medical, isolate the resident from other residents, don’t allow the resident to bath, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.



· Policy: Prison Rape Elimination Act (PREA), (p. 13), requires that “ all staff immediately report in accordance with Tennessee DCS Policies and Detention Center Policies, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

Interviews:

Random Sample of Staff: Four interviews with staff working during the audit period were conducted. Three staff members affirmed that they received PREA education as part of their initial basic training and in yearly follow-up training sessions. One member of staff had recently been hired and was still in the on-the-job training phase and had not completed basic training. Staff did state that during the OJT training, PREA information had been provided as well as previous law enforcement experience. All four staff from these staff interviews reveal that they possess a clear understanding of the Zero Tolerance Policy, the rights of both employees and residents in custody, recognizing signs and symptoms of sexual abuse, and the procedures for reporting and responding to such incidents. Furthermore, the four staff members were able to articulate the appropriate actions to prevent, detect, report, and respond to instances of sexual abuse and harassment. The four staff members could articulate ways to avoid inappropriate relationships with residents as well as ensuring they comply under mandated reporting laws.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.361 (b). As reported in the PAQ, the facility requires that all staff comply with any applicable mandatory child abuse reporting laws.

Compliance Determination:

The facility has demonstrated compliance with provision of the standard because:

· Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that “staff will be trained and understand their role as “mandated reporters”.

Interviews

Random Sample of Staff: Four random staff interviews; indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents(s) in custody or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation immediately. The various ways staff

indicated that they could make a report included, but was not limited to:

- Report to supervisor or medical staff
- Call the PREA Hotline
- Complete an incident or grievance report

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.361 (c). As reported in the PAQ, apart from reporting to the 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that “all staff and practitioners are required to report sexual abuse to designated supervisors and staff is prohibited from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions.”

Interviews

Random Sample of Staff: As previously stated, the interviewed random sample of staff indicated a clear understanding of the duty to report the above-mentioned immediately.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.361 (d). Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that “medical and mental health staff will report all allegations of abuse/harassment to designated supervisors.”
- The facility does not have onsite medical and/or mental health staff. However, at intake the youth sign a form (Consent to Disclose Protected & Confidential PREA Related Information).

Interviews

Medical and Mental Health Staff: The interviewed staff reported that they are required to disclose limitation of confidentiality and they have a duty to report upon initiation of services. They are also required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The medical staff has not been made aware of any such incidents within the facility. They have been made aware of sexual abuse prior to a youths incarceration at which time they notified the appropriate staff at the facility and the patient was taken to an external health care provider for further evaluation and treatment.

Corrective Actions:

Pending medical staff interview.

115.361 (e). Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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 the child welfare system, 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 facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility complies with the state or local mandatory reporting laws and reports sexual abuse allegations
- Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that: Upon receiving any allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and to the alleged victims' parents/

legal guardians unless the facility has official documentation showing the parents/ legal guardians should not be notified.

#### Interviews

PREA Compliance Manager - The interviewed staff reported that when the facility receives an allegation of sexual abuse, it would be reported to the PREA Coordinator, the Sheriff's Investigator, and DCS/CPS. Such reports are made immediately. The juvenile court would be notified within 14 days.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.361 (f). The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 8), "the Director of investigations will ensure that investigations of all allegations of sexual abuse and sexual harassment on Detention Center Property, including third-party and anonymous reports, are completed."

- Investigation Report:

#### Interviews

Director: All allegations of sexual abuse and sexual harassment are reported to the facility PREA compliance manager and PREA Coordinator. If the victim is under the guardianship of the child welfare system, they would be notified immediately. Additionally, the courts and the parent/legal guardian would be notified immediately. All allegations are referred to the investigator.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

#### Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility,

	<p>facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the medical interview the facility will be compliant with the standard.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents:       <ol style="list-style-type: none"> <li>a. Policy: Prison Rape Elimination Act (PREA)</li> </ol> </li> <li>2. Interviews:       <ol style="list-style-type: none"> <li>a. Agency head</li> <li>b. Director</li> <li>c. Random sample of staff - 4</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.362 (a). As reported in the 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. In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act (PREA), (pg. 14), states that “staff will take appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other youth or staff.”</li> </ul> <p>Interviews</p> <p>Agency Head: The interviewed agency head reported that when they learn that</p>

	<p>resident is subject to a substantial risk of imminent sexual abuse, immediate protective actions are taken by the facility. Placement location would be very selective.</p> <p>Director: If there is an instance where a resident is subject to a substantial risk of imminent sexual abuse immediate protective measures would take place. There have been no instances of such risk; however, in such a circumstance, the client would be immediately moved to a safe area. The juvenile would be removed immediately and rehoused.</p> <p>Random Sample of Staff: Four random staff interviewed reported being aware of the agency procedure for reporting any information related to an individual in custody who may be at imminent risk of sexual abuse or sexual harassment. All interviewed staff articulately they would immediately notify the supervisor, separate the residents, and make sure the area is secure.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Policy: Prison Rape Elimination Act (PREA)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency head</li> <li>b. Director</li> </ol> </li> </ol>

115.363 (a). As reported in the 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.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 14), states that “upon receiving an allegation that a youth was sexually abused while confined at another facility, the Director of the facility will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigation.”

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.363 (b). As reported in the PAQ, the agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PCJDC program policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.363 (c). As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- This process of notifying facilities comes from the agency PREA coordinator's office and documented through investigations.
- Per the PAQ, there were no allegations of sexual abuse received at PCJDC which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility from which notification was received at PCJDC during the reporting period.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.363 (d). As reported in the PAQ, the agency or facility requires that all allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy Prison Rape Elimination Act states that upon receiving notification of all alleged sexual abuse the facility will notify the Office of Investigations immediately or no later than 72 hours (pg. 14).

Interviews

Agency Head: The interviewed staff reported that if another agency or facility within your agency refers allegations of sexual abuse or sexual harassment that occurred within one of the facilities the PREA Coordinator/PREA Manager is the designated point of contact. It would then be forward to the CID. At this time there are no examples of such allegations being reported from another facility or agency.

Director: If there is an allegation from another facility or agency the allegation should be referred to the office of investigations. There are no examples of such allegations made.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.



<b>115.364</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Random sample of staff/Security Staff First Responders- 4</li> </ol> </li> </ol> <p>115.364. (a). Per the PAQ, there was one allegation of sexual abuse reported in the last 12 months. It should be noted that it was later determined that the allegation involved an incident at another facility.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 1.</p> <p>Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 1.</p> <p>In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, 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: 1.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, 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.</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, 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: 1.</p> <p>Compliance Determination:</p>

The facility has demonstrated compliance with this provision of the standard because:

· Policy: Prison Rape Elimination Act (PREA), (pgs. 14-15), provides guidance on the agencies first responder plan. The policy states that “the first direct care staff member to respond to the allegation will:

1. Take immediate actions to protect and ensure that the victim is safe, including separating the alleged victim and perpetrator;
2. Not question the youth, other than to obtain basic information such as where the incident occurred and who may be involved.
3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged victim and abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, etc.

#### Interviews

Random Sample of Staff: Four random staff interviewed reported being aware of the agency procedure for reporting any information related to an individual in custody who may be at imminent risk of sexual abuse or sexual harassment. All interviewed staff articulately they would immediately notify the supervisor, separate the residents, and make sure the area is secure.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.364 (b). As reported in the PAQ all staff members are considered first responders. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0.

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0.

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0.

#### Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act (PREA), (pg. 15), states that “if the first responder is a non-direct care staff member, he or she is required to ensure the victim is safe and instruct the victim and perpetrator not to take any actions that could destroy physical evidence and then immediately notify direct care staff.”</li> </ul> <p>Interviews</p> <p>Random Sample of Staff: Four random staff interviewed reported being aware of the agency procedure for reporting any information related to an individual in custody who may be at imminent risk of sexual abuse or sexual harassment. All interviewed staff articulately they would immediately notify the supervisor, separate the residents, and make sure the area is secure.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Policy: Prison Rape Elimination Act (PREA)</li> <li>b. Sexual Abuse Coordinated Team Response (Written Plan)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Director</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.365 (a). As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.</p>

	<p><b>Compliance Determination:</b></p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>• Policy Prison Rape Elimination Act states that “the facility will use the Facility Coordinated Response to a Sexual Abuse Assault Incident to respond to all sexual assault incidents” (pg. 15).</li> </ul> <p><b>Interviews</b></p> <p>Director: The facilities coordinated plan includes an initial report. The supervisor is notified immediately along with the juvenile director, major, detective, medical staff, and Sheriff.</p> <p><b>Corrective Actions:</b></p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Agency head</li> </ol> </li> </ol> <p><b>Findings (By Provision):</b></p> <p>115.366 (a). N/A-As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency’s behalf has</p>

	<p>entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· There are no current agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with Residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012.</li> </ul> <p>Interviews</p> <p>Agency Head: The interviewed agency head reported that the agency is not responsible for collective bargaining.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>115.366 (b). Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> </ol> </li> </ol>

- c. Blank Monitoring Retaliation Form
- 2. Interviews:
  - a. Agency head
  - b. Director
  - c. Designated staff member charged with monitoring retaliation

Findings (By Provision):

115.367 (a). As reported in the PAQ, the facility 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 has a designated staff charged with monitoring retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (PREA), (pg. 16), establishes protective measures for 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 and staff. "Directors, Facility PREA Compliance Managers and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment, or staff reporting are not victims of any form of retaliation. The Facility PREA Manager will be responsible for monitoring retaliation following an allegation of sexual abuse and sexual harassment" (pg. 16).

Corrective Actions:

It is recommended that the facility create a form that could be used for any allegations reported. A form was created. No further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.367 (b). The facility reported in the PAQ, that zero residents that were placed on segregated housing after reporting sexual abuse or sexual harassment. The number of times an incident of retaliation occurred in the past 12 months: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Blank Monitoring Retaliation Form

Interviews

Agency Head: The interviewed agency head reported that they would protect residents and staff from retaliation for sexual abuse or sexual harassment. The facility would make sure the person is protected by separation or movement (relocation).

Director/Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available): The interviewed staff reported that as the Director, part of my responsibility is to ensure that clients and staff do not retaliate against reporters of sexual abuse and sexual harassment. The Director further reported that they have not had an allegation of sexual abuse therefore have not conducted said monitoring. Monitoring would include looking for changes in attitude and making sure the youth are not being picked on.

Corrective Actions:

It is recommended that the facility create a form that could be used for any allegations reported. A form was created. No further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.367 (c). As reported in the PAQ, the agency/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. It was further reported that the agency/facility acts promptly to remedy any such retaliation; and 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: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy states that: "The PCJDC Program, program care manager or designee, will monitor the conduct and treatment of residents and staff for at least 90 days following a report of sexual abuse. The program will monitor to determine if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation; monitoring and any concerns shall be discussed with the PREA Response Team. For at least 90 days following a report of Sexual Abuse, the program Care Manager or designee will monitor the conduct or treatment of residents or staff who reported the sexual Abuse and 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 and shall act promptly to remedy any such retaliation. Monitoring and any concerns shall be discussed with the PREA Response Team."

Interviews

Agency Head: The interviewed agency head reported that they would protect residents and staff from retaliation for sexual abuse or sexual harassment. The facility would make sure the person is protected by separation or movement (relocation).

Director/Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available): The interviewed staff reported that they would be monitored would occur for as long as needed. Possible signs of retaliation may include change in behaviors.

Corrective Actions:

It is recommended that the facility create a form that could be used for any allegations reported. A form was created. No further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.367 (d). In the case of residents, such monitoring shall also include periodic status checks. There were zero allegations of sexual abuse that occurred in the last 12 months.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy states that: "The PCJDC Program, program care manager or designee, will monitor the conduct and treatment of residents and staff for at least 90 days following a report of sexual abuse. The program will monitor to determine if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation; monitoring and any concerns shall be discussed with the PREA Response Team. For at least 90 days following a report of Sexual Abuse, the program Care Manager or designee will monitor the conduct or treatment of residents or staff who reported the sexual Abuse and 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 and shall act promptly to remedy any such retaliation. Monitoring and any concerns shall be discussed with the PREA Response Team."

- Blank Monitoring for Retaliation form

Interviews

Director/Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if non available): The interviewed staff reported that they would be monitored for a minimum of 90 days, which could be extended if indicated. Monitoring would continue as long as needed. There are no minimum and maximum time periods.



Corrective Actions:

It is recommended that the facility create a form that could be used for any allegations reported. A form was created. No further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.367 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy states that ““If any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA Response Team will make recommendations and ensure program administration takes appropriate measures to protect that individual against retaliation.”

Interviews

Agency Head: The interviewed agency head reported that they would protect residents and staff from retaliation for sexual abuse or sexual harassment. The facility would make sure the person is protected by separation or movement (relocation).

Director: When a client alleges sexual abuse or sexual harassment by a staff member, the staff member is placed on leave until the outcome of the investigation is determined. At that time, he or she is either cleared of wrongdoing or is terminated, dependent on the findings. If the allegation involves another client, the clients are immediately separated, and the alleged abuser is monitored closely to ensure that no additional incidents of abuse occur. Removal from the program could also occur if warranted. Therapists continue to meet with clients weekly to provide counseling, as well as to allow opportunities to report retaliation.

Additionally, the Program Director is tasked with monitoring for retaliation, which includes random checks and regular meetings with the alleged victim to ensure their needs are being met. If retaliation occurs among clients, the alleged abuser could face further consequences, including termination from the program. If retaliation occurs by a staff member, the staff member would also receive further consequences up to immediate termination. Any suspicion of retaliation would be immediately investigated.

Corrective Actions:

It is recommended that the facility create a form that could be used for any allegations reported. A form was created. No further action needed.

	<p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>115.367 (f). The auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Visual Contact Log (sample)</li> <li>d. Investigations - 1</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Director</li> <li>b. Staff who supervise residents in isolation</li> <li>c. Medical and mental health staff (1)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.368 (a). As reported in the 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. It was further reported that the facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who is alleged to have suffered sexual abuse is held</p>

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.

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

The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0.

The average period of time residents who alleged to have suffered sexual abuse were held in isolation to protect them from sexual victimization in the past 12 months: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that “upon return from the emergency room, a new Custody and Housing Assessment will be completed, and a determination made with regard to the need for housing changes for protection.” The policy further states that “the facility Director, or designee, in consultation with the Designate Health Authority/Medical will make a final decision regarding housing placement for the alleged victim” (pg. 16).

- Blank Visual Contact Monitoring Log

Interviews

Director: The interviewed director reported that they have not had any instances of isolation due to sexual abuse allegation. Isolation would be used as a last resort. If the juvenile asks for isolation or alone time. The resident would be checked on approximately every 6 hours and monitored every 15 minutes.

Medical and Mental Health Staff: The interviewed staff reported that if a resident was in isolation, they would receive visits from medical clinicians and are referred to external resources for mental health needs.

Corrective Actions:

Pending Interview. The interview was conducted, and no further action is required.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility,

	<p>facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the medical interview the facility will be compliant with the standard.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Investigations - 1</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative staff - 1</li> <li>b. Director</li> <li>c. PREA coordinator</li> <li>d. PREA Compliance Manager</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.371 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act (pg. 16)</li> <li>· Investigation Report</li> </ul> <p>Interviews</p>

Investigative Staff: The interviewed staff reported that when an allegation of sexual abuse or sexual harassment is received the investigation is initiated less than an hour. Anonymous and third-party reports of sexual abuse are handled the same.

Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. The required interview was conducted. No further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Compliance Determination:

Interviews

Investigative Staff: The interviewed staff reported that they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. The training included child abuse investigations presented by ROCIC and Fox Cally Technical Institute, Tennessee Bureau of Investigation State Academy, and John E. Reid interview school. The interviewed staff reported that the training included: 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 administration or prosecution referral.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (c). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that the investigators will have specialized training as required by PREA standards.

· Investigation Record.

#### Interviews

Investigative Staff: The interviewed staff reported that first steps in initiating an investigation include: Victim interview, CAC preferred, Timelines can vary depending on the availability of a forensic interviewer or unseen circumstances but generally it is done in a couple hours. The investigation process includes conducting a victim interview, interview witnesses, collect evidence, interview suspect after all information is gathered, refer to district attorney's office.

Direct or circumstantial evidence is handled in the following manner: Conduct a thorough investigation identify including conducting interviews, collecting any evidence, physical (Blood, body fluids) found on clothing, bed sheets, surfaces in the crime scene area. Collect electronic data (phone records, recorded calls, cell phone data).

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (d). As reported in the PAQ the facility does not terminate an investigation solely because the source of the allegation recants the allegation.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

· Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that the investigators will have specialized training as required by PREA standards.

#### Interviews

Investigative Staff: The interviewed staff reported that an investigation would not terminate if the source of the allegation recants their allegation. An investigation would follow, and evidence and statements will be gathered to determine if the original allegations are true.

#### Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. The interview was completed, and no further action is needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (e). When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 18), states that “if the employee resigns or is terminated or if the victim/re-order recants the allegation the investigation will continued and completed by the Office of Investigation.”

- Investigation Report

Interviews:

Investigative Staff: The interviewed staff reported that when they discover evidence that a prosecutable crime may have taken place, the following steps are taken after an investigation has been conducted and all information is gathered, detectives will speak to the appropriate assistant district attorney and convene CPIT.

Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. The requested interview was completed, and no further action is needed at this time.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (f). The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PCJDC utilizes law enforcement investigators to conduct its investigations.

- Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that “the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as Resident or staff. A Resident who alleges Sexual Abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

## Interviews

Investigative Staff: The interviewed investigator reported the credibility is based on their statements and the totality of the circumstances and ultimately what the evidence corroborates. Polygraphs are not admissible in court, but they are a valuable tool used by the FBI, the BTI and many law enforcement agencies when conducting interviews on major felony cases. I have never polygraphed a minor; I would consult with the district attorney's office before doing so if the circumstances arose.

### Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (g). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that "the final report will determine whether staff action or failures to act contributed to the abuse, and the written report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

## Interviews

Investigative Staff: The interviewed investigator reported that internal investigations are conducted when any misconduct allegations are reported. Investigations are documented in written reports. The reports will include statements made during interviews.

### Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. The requested interview was completed, and no further action is needed at this time.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.



115.371 (h). Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- As previously stated, Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that criminal investigations shall be documented in a written report and that the “written report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

- Investigation Report

Interviews

Investigative Staff: Criminal investigations are documented and contain receipt of all evidence gathered, photographs, audio and video recorded interviews, and written statements.

Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (i). As reported in the PAQ, there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20,2012, or since the last PREA audit.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Investigation Report

Interviews

Investigative Staff: The interviewed staff reported that cases are referred to prosecution when an investigation reveals a crime has been committed and proper victim and suspect interviews have been completed.

Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. The requested interview was completed, and no further action is needed at this time.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (j). As reported in the PAQ the agency retains all written reports pertaining to 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that “the Tennessee DCS and/or Putnam County Sheriff’s Office will retain all written investigations and Special Incident Reports (SIRs) as long as the alleged abuser is incarcerated or employed by the program, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.”

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (k). The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: “If the employee against whom an allegation is made resigns or is terminated or if the victim recants the allegation, the investigation will continue and be complete by the Office of Investigation.”

Interviews

Investigative Staff: If a staff member alleges to have committed sexual abuse or sexual harassment terminates employes the investigation continues regardless of if her or she is still employed.

Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. Interview completed no further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.371 (l). Auditor is not required to audit this provision.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews

- Director: When an outside agency investigation, the facility would stay informed by special incident reports.
- PREA Coordinator - The interviewed PREA Coordinator reported that if an outside agency investigates allegations of sexual abuse, it will be assigned to the Sheriff's office investigator. The state DJJ can also so the investigation. They will update the results of the investigation.
- PREA Compliance Manager - The interviewed staff reported that if an outside agency investigates an allegation, they maintain contact with the investigator. We would work with the TN state PREA Investigator.
- Investigative Staff: If an outside agency conducts an investigation, they will assist in gathering information and the Putnam County Sheriff's Office CID will also be conducting a criminal investigation at the same time.

Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. Interview completed no further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard.

	<p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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115.372	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Investigations - 1</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Investigative staff - 1</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.372 (a). The facility reported in the PAQ, that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· The agency’s PREA review, requires no standard higher than a preponderance of the evidence in determining whether PREA related allegations of sexual abuse and sexual harassment are substantiated.</li> <li>· Policy: Prison Rape Elimination Act (PREA), (pg. 16), defines how to substantiate an allegation of sexual abuse and sexual harassment; and that administrative or criminal investigation findings do not impose a higher standard than preponderance of evidence. The policy further states that “The Office of Investigation shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</li> <li>· Investigation Notes for the Sexual Harassment allegation</li> </ul>

	<p>Interviews</p> <p>Investigative Staff: In general, the standard of evidence require substantiate allegations of sexual abuse or sexual harassment, is that after a thorough investigation is conducted in a sexual abuse case, if we can substantiate a victim's statement or believe the victim has made a truthful disclosure, we substantiate allegations to CPIT. We always submit cases to the District Attorney's Office for prosecution.</p> <p>Corrective Actions:</p> <p>Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. Interview completed no further action needed.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the investigative staff interview and documentation of the investigation notes, the facility will be compliant with the provision/standard.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Resident Notification of Investigation (1)</li> <li>d. Investigations (1)</li> </ol> </li> </ol>

2. Interviews:

- a. Director
- b. Investigative staff - 1

Findings (By Provision):

115.373 (a). As reported in the 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.

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 1.

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 2.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 16), provides additional guidance on the above-mentioned process.
- Notification of Investigation (1)

Interviews

Director: Upon completion of the investigation, reporters are made aware of the outcome of the investigation.

Investigative Staff: The interviewed investigator reported that residents are notified of the results of the investigation.

Corrective Actions:

Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard. Interview completed no further action needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.373 (b). As reported in the 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.

The number of investigations of alleged resident sexual abuse in the facility that

were completed by an outside agency in the past 12 months: 0.

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 2.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Notification was conducted on a sexual harassment allegation.
- The PREA coordinator requests the relevant information from the investigative entity to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever:
  - o The staff member is no longer posted within the unit.
  - o The staff member is no longer employed with the agency.
  - o The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
  - o The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.373 (c). The facility reported in the PAQ that 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 has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that "following an

investigation into a youth's allegation of sexual abuse, the Tennessee DCS and/or Office of Victim Services, the sexual assault investigator (Putnam County will decide in consultation with the PREA Coordinator who this may be) will notify the if the allegations were substantiated, unsubstantiated or unfounded." During the onsite audit, there were no residents during the onsite audit who had reported sexual abuse.

Documentation Reviewed

- Notification (1)-Sexual Harassment allegation

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.373 (d). The facility reported in the PAQ that 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: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There was one allegation made; however, the youth was no longer at the facility when the allegation was made; therefore, notification did not occur.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that "following an investigation into a youth's allegation of sexual abuse, the Tennessee DCS and/or Office of Victim Services, the sexual assault investigator (Putnam County will decide in consultation with the PREA Coordinator who this may be) will notify the if the allegations were substantiated, unsubstantiated or unfounded."

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.373 (e). As reported in the PAQ, the facility has a policy that all notifications to residents described under this standard are documented.

In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0.



	<p>Of those notifications made in the past 12 months, the number that were documented: 0</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with provision of this standard because:</p> <ul style="list-style-type: none"> <li>· The PCJDC program has a policy that all notifications to residents described under this standard are documented. The facility updated its policy to state that “all victim notifications or attempted notifications shall be documented”.</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>115.373 (f). The auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the investigative staff interview, the facility will be compliant with the provision/standard.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> </ol> </li> </ol> <p>Findings (By Provision):</p>

115.376 (a). The facility reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PCJDC program reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies (pg. 17).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.376 (b). Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0.

In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that "termination will be presumptive disciplinary sanction for staff who engaged in sexual abuse."

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.376 (c). According to the PAQ, the 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 who have been disciplined, short of termination, for violation of agency sexual abuse or sexual

harassment policies (other than actually engaging in sexual abuse): 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 17) requires the employer to consider all factors prior to imposing a disciplinary sanction. The policy further states that, “disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.376 (d). According to the 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: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 17), indicates that “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 and any relevant licensing bodies, unless the activity was clearly not criminal”.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility,

	<p>facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Director</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.377 (a). As reported in the PAQ, there have been zero volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months; nor any incidents/ persons reported to law enforcement for engaging in sexual abuse of residents.</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that “any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement agencies, unless the activity was clearly not criminal.”</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p>

	<p>115.377 (b). As reported in the 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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act (PREA), “the facility will take appropriate remedial measures, and shall consider whether to prohibit further contact with youth, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer” (pg. 17).</li> </ul> <p>Interviews</p> <p>Director: If a contractor or volunteer violated the sexual abuse and sexual harassment policy remedial measures would be taken. The person would not be allowed back into the facility.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Genesis House Contract</li> <li>d. Memorandum of Policy Directive</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Director</li> </ol> </li> </ol>

b. Medical and mental health staff (1)

Findings (By Provision):

115.378 (a). As reported in the PAQ, there were no reported residents subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse, following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0.

In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

· Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that: Youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanction, shall be made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff." Per the PAQ, there were no administrative or criminal findings of resident-on-resident sexual abuse that occurred at the facility in the last 12 months.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.378 (b). Per the 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. It was also reported in the PAQ that 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, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.

In the past 12 months, 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: 0

In the past 12 months, 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: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Youth will receive appropriate interventions if they engage in youth-on-youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanction, shall be made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the Resident's disciplinary history, and the sanctions imposed for comparable offenses by other Residents with similar histories. In the event a disciplinary sanction results in isolation, the Resident will have access to daily large-muscle exercise and any required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible (pg. 17).

Interviews

Director: Disciplinary sanctions would include the youth receiving appropriate interventions based on treatment, counseling, and education. Such sanctions would be proportionate to the nature and circumstances of the abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.378 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility has demonstrated compliance with this provision of the standard because:

- Policy: The program disciplinary committee will take into consideration whether a Resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed. (p. 17).

Interviews

Director: Disciplinary sanctions would include the youth receiving appropriate

interventions based on treatment, counseling, and education. Such sanctions would be proportionate to the nature and circumstances of the abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.378 (d). As reported in the PAQ, the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility provides access to general programming or education, as needed.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Medical services are provided by the county jail medical staff, and they have contracted mental health services.

Interviews

Medical Staff: The interviewed staff reported that therapy, counseling or other intervention services are not offered by facility staff. The resident's social worker would be notified to follow up and coordinate services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.378 (e). As reported in the PAQ, the facility disciplines resident for sexual contact with staff only upon finding that the staff member did not, consent to such contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

· Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that "Director of Putnam County Sheriffs the Office of Investigations/designee will refer youth for criminal prosecution when appropriate. The agency disciplines youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact."

Corrective Actions:



N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.378 (f). As reported in the PAQ, the facility 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 18), distinguishes that “the facility prohibits disciplinary action for a youth reporting 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.”

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.378 (g). As reported in the PAQ, the facility prohibits sexual activity between residents. In addition, the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: “PCJDC prohibits all sexual activity between Residents and may discipline Residents for such activity. PCJDC, however, does not deem such activity to constitute Sexual Abuse if it determines that the activity was consensual” (pg. 18).

During this audit period, there were no disciplinary sanctions for residents regarding sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined

	<p>that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the medical interview the facility will be compliant with the standard.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Campus - 19</li> <li>d. Consent to Disclose Protected &amp; Confidential PREA Related Information - 19</li> <li>e. Documentation follow up with medical (11)</li> <li>f. Corrective Action: Follow up with medical documentation (1)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Staff responsible for risk screening - 1</li> <li>b. Medical staff (1)</li> <li>c. Residents who disclosed prior sexual victimization (1)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.381 (a). As reported in the PAQ, residents at the facility who 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. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with</p>

the above required services.

In the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 12.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 18), states that “if the screening pursuant to section VI.A.B. indicates that a youth has experienced prior sexual victimization and/or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure the youth is offered a follow-up with medical or mental health practitioner within 14 days of the intake screening.”
- Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Campus - 19
- Documentation follow up with medical or mental health: Documentation on the assessment on the date referred to medical (11). It should be noted that some youth refused services.

Interviews

Staff Responsible for Risk Screening: The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the facility will refer to the fail nurse and make a report to CPS. This is done immediately.

Residents(s) in custody who Disclose Sexual Victimization at Risk Screening: Three residents in custody disclosed previous sexual victimization during the audit period. All three stated that intake staff asked if they wanted to see medical or mental health staff after disclosing it, however, they all refused. One resident stated they refused because they have counselor they see already and will continue to speak with them once released.

Corrective Actions:

The facility provided documentation on the assessment on the date referred to medical. The facility shall provide a case note or documentation note from medical services regarding the follow up.

Corrective Action Documents: The facility enhanced their process to show the medical notes where follow up with medical occurred and was documented with a medical provider. A medical note was provided on a new intake. No further action is needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.381 (b). As indicated in the PAQ, all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

In the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 12.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

- Policy: "If the screening pursuant to the PREA requirements indicates that a youth has experienced prior sexual victimization and/or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure the youth is offered a follow-up with medical or mental health practitioner within 14 days of the intake screening" (pg. 18).
- The facility does not offer onsite mental health services.

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting or in the community, the facility will call the jail nurse immediately.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.381 (c). As reported in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 12), states that "the information collected during the medial and mental health screening is strictly limited to informing securing and in making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise

required by Tennessee DCS and/or Putnam County Sheriff's Office polices related to Health Records and all other federal, state, local laws."

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.381 (d). As reported in the 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.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

- The PCJDC program policy indicates that "medical and mental health practitioners will obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in a facility setting, unless the youth is under the age of age" (pg. 18).

Interviews

Medical Staff: Prior to reporting sexual abuse, the medical staff will speak to the patient. However, we are required to notify the facility staff who in turn notify the appropriate guardian of the juvenile resident so that the appropriate care is given. The facility supervisor is notified of a concern and in turn notifies the inmates legal guardian.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the medical interview and documentation of follow up services to medical the facility will be compliant with the standard.

In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Genesis House</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Medical and mental health staff (1)</li> <li>b. Security staff and non-security staff first responders (4)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. Medical and mental health staff 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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· PCJDC has a contract with Genesis House to provide crisis counseling services. Additionally, the state juvenile justice agency has a contract with Youth Villages to provide mental health services to state custody youth housed at the facility. The interviewed Youth Villages mental health staff reported that upon notification, she would provide services to stabilize the youth until additional community services were identified.</li> <li>· Auditor Observation: There were no allegations of sexual abuse that would have warranted SANE or crisis intervention services; however, there was in-house follow up with medical and mental health offered.</li> </ul> <p>Interviews</p>

Medical Staff: If a resident reports sexual abuse they receive timely and unimpeded access to emergency medical treatment and/or crisis intervention services. This is done immediately, and the staff will notify the supervisor immediately. The nature and scope of such services are determined according to professional judgment.

Resident who Reported Sexual Abuse: The interviewed resident did not report sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.382 (b). 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 pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

The PCJDC does not have onsite medical and mental health staff. All PCJDC staff are considered first responders. The facility staff would contact the jail medical and mental health staff to assist in services.

Interviews

Random Sample of Staff: Four random staff interviewed reported being aware of the agency procedure for reporting any information related to an individual in custody who may be at imminent risk of sexual abuse or sexual harassment. All interviewed staff articulately they would immediately notify the supervisor, separate the residents, and make sure the area is secure.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.382 (c). As reported in the 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. Interviewed medical and mental health staff reported that such services are addressed immediately.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (PREA), (pg. 17) states that:

The Detention Center will ensure that youth will have and receive timely, unimpeded access to emergency medical and crisis intervention services. The facility Director will ensure that victims of sexual abuse while incarcerated shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Interviews

Medical Staff: The interviewed staff reported that victims of sexual abuse are offered timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.382 (d). As reported in the PAQ, the treatment services provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services, according to policy, will be available on an on-going basis, until the Resident is released from the facility. Contact information is provided.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined



	<p>that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the medical interview the facility will be compliant with the standard.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Genesis House MOU</li> <li>d. Youth Villages MOU</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Medical staff (1)</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.383 (a). As reported in the 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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· On-going medical and mental health services are afforded to any resident who</li> </ul>

has been the victim of sexual abuse. Although there are no on-site medical or mental health staff, these services are available through community providers. Ongoing services related to sexual abuse are at 'no cost' to the victim and any services not provided at the hospital are provided through community healthcare practitioners.

- Policy: Prison Rape Elimination Act (PREA), (pg. 18) states that "the facility shall offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside facility)." The policy further indicates that the "victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate" (pg. 18).

- Genesis House MOU

- Youth Villages MOU

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

185.383 (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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility refers to Cookeville Regional Medical Center for a SANE evaluation.

Interviews

Medical Staff: The interviewed staff reported that evaluation and treatment of residents who have been victimized entails the patient being evaluated by medical staff, supervisor of facility is informed of concern and patient is sent out for follow-up treatment with the legal guardian for external treatment and follow up care.

Corrective Actions:

Pending medical interview. The interview was completed therefore no further action is needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.383 (c). As reported by the interviewed medical and mental health staff, the treatment and services provided are consistent with the community level of care.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility refers to Cookeville Regional Medical Center for a SANE evaluation.

Interviews

Medical Staff: The interviewed staff reported that medical treatment and services is consistent with the community level of care.

Corrective Actions:

Pending medical interview. The interview was completed therefore no further action is needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.383 (d). Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site.
- Policy: Prison Rape Elimination Act, states that "female victims of sexual abuse while incarcerated shall be offered a pregnancy test. If pregnancy results from sexual abuse while incarcerated, the female victim will receive timely and comprehensive information and access to lawful pregnancy-related medical services, coordinated by the Medical Department" (pg. 18).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.383 (e). If pregnancy results from the conduct described 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.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), states that ““victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate” (pg. 18).

#### Interviews

- Medical Staff: The interviewed staff reported that if pregnancy results from sexual abuse while incarcerated victims are given timely information and access to all lawful pregnancy related services. The guardian would also be informed, and the patient would be referred to an external provider. Services would occur upon initiation of medical services.

#### Corrective Actions:

Pending Medical Interview. The interview was conducted, and no further action is needed.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.383 (f). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

#### Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), states that ““victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate” (pg. 18).

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.383 (g). As reported in the PAQ, treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: “treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident” (pg. 18).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.383 (h). As reported in the 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. Upon admission all juveniles will receive a mental health assessment by a professional mental health provider for the purpose of identifying suicidal tendencies, sexual abuse victimization and predatory risk to other residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act states that “the facility shall conduct a mental health evaluation of all known youth-on-youth abusers within 14 days of learning of such abuse history and shall offer treatment when deemed appropriate by mental health practitioners” (pg. 18).
- The facility provided a copy of the Sexual Abuse Coordinated Response Plan; which further described the roles and responsibilities of the medical and mental health staff. It should be noted that the facility is a detention center, and many of the youth are not housed at the facility for 60 days; and a majority of the youth are on a pre-adjudicated status.

Interviews

Medical Staff: There is no onsite mental health services, however if needed it would be referred to an outside provider.

Corrective Actions:

Pending Medical Interview. The interview was conducted, and no further action is required.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Upon completion of the medical interview, the facility will be compliant with the

	<p>standard.</p> <p>In the audit, it was confirmed that corrective action information was provided, and no further action is required. The facility is found to be compliant with the standard.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Sexual Abuse Critical Incident Review- (1)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. Director</li> <li>b. PREA coordinator</li> <li>c. Incident review team</li> <li>d. PREA Compliance Manager</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.386 (a). As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility provided a document that shows how an incident review debriefing would be documented.</p> <p>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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

- Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that “the facility will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team.”

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.386 (b). Such review shall ordinarily occur within 30 days of the conclusion of the investigation. 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 were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that “the PREA Incident Review Team will include upper-level facility management staff with input from line supervisors, investigators, and medical or mental health practitioners.”

- Incident Review (Sexual Harassment Allegation)

Interviews

PREA Compliance Manager: The interviewed staff reported that the incident reviews are conducted and the PREA Compliance Manager is a part of the review. The facility has not had sexual abuse allegation.

Incident Review Team: The interviewed staff on the incident review team reported that the team will 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 was motivated or otherwise caused by other group dynamics at the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.386 (c). 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that “the PREA Incident Review Team will include upper-level facility management staff with input from line supervisors, investigators, and medical or mental health practitioners.”
- Incident Review (Sexual Harassment Allegation)

Interviews:

Superintendent or Designee: The facility has a sexual abuse incident review team. The team consists of the compliance manager, coordinator, major, detective, and medical staff.

Corrective Actions:

N/A. There are no corrective actions for this provision

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.386 (d). 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Sexual Abuse Critical Incident Review Form. The form takes the following into consideration:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to Sexual Abuse;
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; gang affiliation; or was motivated or otherwise caused by other group dynamics within the program;
3. Discuss 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



	<p>6. Determine whether the facility implemented the recommendation for improvement.</p> <p>Interviews:</p> <p>Director: The team does an incident review, and it will be maintained for audit review. It was further reported that the above-mentioned is not in policy, however they will examine to see if there were any physical barriers, inadequate staffing or monitoring technology.</p> <p>PREA Compliance Manager: The interviewed staff reported that all incidents referred for review and the PCM is a part of the review process.</p> <p>Incident Review Team: The interviewed staff on the incident review team reported that the team will 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 was motivated or otherwise caused by other group dynamics at the facility.</p> <p>115.386 (e). The facility reported in the PAQ, that the facility implements recommendations for improvement or documents its reasons for not doing so.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Incident Review (Sexual Harassment Allegation)</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> <p>.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

- 1. Documents:
  - a. Pre-Audit Questionnaire (PAQ)
  - b. Policy: Prison Rape Elimination Act (PREA)
  - c. Annual Report

Findings (By Provision):

115.387 (a). As reported in the 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg.19) states that “the Detention Center collects accurate, uniform data for every allegation of sexual abuse by using a state of Tennessee DCS Standardized Instrument and set of definitions, “Survey of Alleged PREA Incidents”.
- Annual Report

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.387 (b). As reported in the PAQ, the agency aggregates incident-based sexual abuse data annually.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Per Policy: Prison Rape Elimination Act (PREA), (pg. 19), indicates that “data will be aggregated annually.”
- Annual Report

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.387 (c). As reported in the PAQ the facility uses a 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Annual Report

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.387 (d). As reported in the 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that “the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”

- Annual Report

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.387 (e.) N/A the agency does not contract for the confinement of its residents and skip to 115.387 (f.). It was further reported that the data from private facilities complies with SSV reporting regarding content.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency does not contract with other private facilities for the confinement

	<p>of its Residents.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>115.387 (f). As reported in the PAQ, the agency has not been required to provide the Department of Justice (DOJ) with data from the previous calendar year.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Annual Report</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Annual Report</li> <li>d. Website: Corrections (putnamcountyttnsheriff.gov)</li> </ol> </li> <li>2. Interviews:</li> </ol>

- a. Agency head
- b. PREA coordinator
- c. PREA Compliance Manager

Findings (By Provision):

115.388 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that “the Agency PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training”.
- Annual Report

Interviews

Agency Head: The interviewed agency head reported that incident based sexual abuse data is used to assess and improve problem areas or other issues are identified and corrective action is taken as needed.

PREA Coordinator: The interviewed PREA Coordinator reported that all data is completed, and the data is sent to the State DJJ. Corrective actions will also be addressed.

PREA Compliance Manager: The interviewed staff reported that data is collected, and reports made along with the annual reports are kept in a confidential file.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.388 (b). As reported in the PAQ, the annual report indicates a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Annual Report

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.388 (c). As reported in the PAQ, the agency makes its annual report readily available to the public, at least annually, through its website. The agency PREA reports are found at Corrections ([putnamcountytntnsheriff.gov](http://putnamcountytntnsheriff.gov))

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Corrections ([putnamcountytntnsheriff.gov](http://putnamcountytntnsheriff.gov))

Interviews

Agency Head: The interviewed agency head reported that they approve the agency annual reports.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.388 (d). As reported in the PAQ, 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. In addition, the agency indicates the nature of material redacted.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency PREA 2022 Annual Report did not have any personal

	<p>identifiers. All personal identifiers were removed from the Annual report.</p> <p>Interviews</p> <p>PREA Coordinator: The interviewed PREA Coordinator reported that any personal identifying information of staff or clients would be redacted.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Pre-Audit Questionnaire (PAQ)</li> <li>b. Policy: Prison Rape Elimination Act (PREA)</li> <li>c. Annual Report</li> <li>d. DCS Annual Inspection (TPCA)</li> <li>e. Website: Corrections (putnamcountyttnsheriff.gov)</li> </ol> </li> <li>2. Interviews: <ol style="list-style-type: none"> <li>a. PREA coordinator</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.389 (a). The facility reported in the PAQ that incident-based and aggregate</p>

data is securely retained.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy: Prison Rape Elimination Act (PREA), (pg. 19), provides direction on the agencies responsibility to collect and retain incident-based and aggregate data securely. Said data is made readily available to the public at least annually through the agency website. The program maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection.

Annual Report

Interviews

PREA Coordinator: The interviewed PREA Coordinator reported that all data is filed in the office of the PREA Coordinator. Upon review of each PREA related incident, any identified areas of concern are addressed through corrective action.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.389 (b). As reported in the 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Annual Report

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.389 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:



	<ul style="list-style-type: none"> <li>· A review of the agency website did not have any personal identifiers. All personal identifiers were removed from the Annual report.</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>115.389 (d). As reported in the 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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· The agency complies with this provision by maintaining at least 10 years of initial data collection.</li> <li>· Policy: Prison Rape Elimination Act (PREA), (pg. 19), indicates that sexual abuse data is collected pursuant to 115.387 and maintained for at least ten (10) years.</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was analyzed in making compliance determination:  Documents:

Agency Website: Corrections (putnamcountytntnsheff.gov)

DCS Inspection

Findings (By Provision):

115.401 (a). During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.
- DCS Annual Inspection

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.401 (b). As reported by the PREA coordinator, the PCJDC is operated by the Putnam County Sheriff's Office. The Sheriff's Office is also responsible for the county jail.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the Director. The auditor was provided unfettered

access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor paused to speak to a resident or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.
- During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising resident that female staff routinely work in the facility, locations of showers and privacy issues, bathrooms, medical/grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorm/bed rooms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of resident, accessibility to telephones and instructions for using the phones to report sexual abuse, main control room, dayroom, classrooms, etc..

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.401 (i). During the on-site visit, the auditor was provided access to any and all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor provided the facility to the agency/facility with a documentation checklist. The checklist is organized by standards to help the facility through the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.
- The PREA coordinator/compliance manager provided the auditor with all relevant documents as requested.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (m). The auditor provided private rooms throughout the facility to conduct resident interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.
- As of December 15, 2023, there was no communication from a resident or staff. Staff interviews indicated that Residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.

115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor reached out to the following organizations:
  - o Just Detention International (JDI)
  - o National Sexual Violence Resource Center (NSVRC)

	<p>o Genesis House</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>Agency website: Corrections (<a href="http://putnamcountytntnsheriff.gov">putnamcountytntnsheriff.gov</a>)</p> <p>Findings (By Provision):</p> <p>115.403 (f). The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· The facility’s final PREA reports are published on the agency website.</li> </ul> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this provision.</p> <p>Overall Findings:</p>

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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	yes



	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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	yes

	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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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:	yes

	Residents who have speech disabilities?	
	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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	



	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 responsible for investigating allegations of sexual abuse.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	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
<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes
	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.)	yes
	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.)	yes
	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.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes



<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	yes
	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.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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	yes

	the agency attempt to ascertain information about: Age?	
	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
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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.)	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes



	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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	yes

	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?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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).)	yes
	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 investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	



<b>(f)</b>		
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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	yes

	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?	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes



	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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.)	na

	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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