

PREA Facility Audit Report: Final

Name of Facility: Williamson County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/14/2021

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"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 11/14/2021

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	09/29/2021
End Date of On-Site Audit:	09/30/2021

FACILITY INFORMATION	
Facility name:	Williamson County Juvenile Detention Center
Facility physical address:	408 Century Court, Franklin, Tennessee - 37064
Facility Phone	
Facility mailing address:	408 Century Court, Franklin, Tennessee - 37064

Primary Contact	
Name:	Drason Beasley
Email Address:	Drason.Beasley@WilliamsonCounty-Tn.gov
Telephone Number:	6154779815

Superintendent/Director/Administrator	
Name:	Zannie Martin
Email Address:	Zannie.Martin@WilliamsonCounty-tn.gov
Telephone Number:	6157905812

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

Facility Characteristics	
Designed facility capacity:	12
Current population of facility:	7
Average daily population for the past 12 months:	1
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	13 to 18
Facility security levels/resident custody levels:	Detention
Number of staff currently employed at the	16

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Williamson County Commission
Governing authority or parent agency (if applicable):	
Physical Address:	1320 W Main Street, Franklin, Tennessee - 37064
Mailing Address:	408 Century Court , Franklin , Tennessee - 37064
Telephone number:	6157905812

Agency Chief Executive Officer Information:	
Name:	Zannie Martin
Email Address:	Zannie.Martin@WilliamsonCounty-tn.gov
Telephone Number:	6157905812

Agency-Wide PREA Coordinator Information			
Name:	Drason Beasley	Email Address:	drason.beasley@williamsoncounty-tn.gov

AUDIT FINDINGS

Narrative:

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

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of Williamson County Juvenile Detention Center (WCJDC) was conducted September 29-30, 2021. Williamson County Juvenile Detention Center is located 408 Century Court, Franklin, Tennessee 37074. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for adult and juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. The agency awarded the auditor a contract May 19, 2020. There are no known existing conflicts of interest or barriers to completing the audit. Williamson County Juvenile Detention Center was last audited PREA July 7, 2018, with 100% compliance with the PREA Juvenile Standards.

Mission

The primary mission of the Williamson County Juvenile Court is to provide the community with services designed to hold youth accountable for their actions, to provide opportunity for rehabilitation of youth and opportunity for youth to learn responsibility concerning their actions, and to act as a deterrent to unruly and delinquent children.

Audit Methodology

Pre-Onsite Audit Phase

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

Notice of Audit Posting and Timeline

The audit notices, in English and Spanish, were posted July 26, 2021. The audit notices were printed in color, using a large font and easy-to-read language, on colorful green paper. The audit notices were placed in an area visible to all residents, staff, and visitors. Pictures of the posted audit notices were emailed to the auditor on July 26, 2021, for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

Request for Identification of Residents, Staff and Documents

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

1. Complete Resident Roster

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

External Contacts

The following external contacts were made:

1. Just Detention International
2. The Davis House Child Advocacy Center
3. The Sexual Assault Center
4. Our Kids
5. Tennessee Department of Children Services

Agency Website Review

The auditor reviewed the Williamson County Juvenile Detention Center Website. The policy for referring allegations of sexual abuse or sexual harassment for investigation to an agency with the legal authority to conduct criminal investigations is published. Annual PREA Reports and Facility PREA Audit Reports are published.

Research

No relevant information was discovered.

Mandatory Reporting

Everyone in Tennessee is a mandated reporter. Tennessee Code Annotated 37-1-403(i) (1) requires all persons to report suspected cases of child abuse or neglect. "Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality abuse, or neglect or that, on basis of available information, reasonably appears to have been

caused by brutality, abuse, or neglect.”

Failure to report

Failure to report abuse is a violation of the law and a Class A misdemeanor, carrying a sentence of up to three months imprisonment, a fine or both. Those who report and “act in good faith” are immune from any civil or criminal charges, which may result. The reporter has the right to remain confidential and anonymous.

Onsite Audit Phase

Entrance Briefing

An entrance briefing was held with the Detention Supervisor/PREA Coordinator and auditor. Introductions were made, the agenda for the two days was discussed, and the auditor began document review followed by the site review.

Site Review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The facility is housed in a single building. The facility has two open bay housing units with four beds each. Additionally, there are four single cell housing units. The housing units are equipped with toilets. Each of the open bay housing units has a single shower room with a door that closes for privacy. There is one shower room, with a door that closes, in the single cell housing area. In addition to the housing units, there is a sally port, intake area, laundry room, staff intake desk/control center, Detention Supervisor’s office, multipurpose/dayroom and an enclosed, outdoor recreation area. On the first day of the onsite audit the population of the facility was two (2) juveniles. A third juvenile entered the facility and was released.

Processes and Areas Observed

No residents were admitted during the onsite phase of the audit. The auditor observed intake and risk screening to better understand the process.

A telephone for residents is centrally located between the Detention Supervisor’s office and the staff intake desk/control center. Numbers for outside support services and the Tennessee Department of Children Services hotline are posted on the wall above the telephone. A locked grievance box was located on the wall outside of the Detention Supervisor’s office. Grievance forms and writing utensils are available. The box is checked daily.

The Detention Supervisor described the showering process, pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment. The PREA posters are prominently placed in the facility. The auditor viewed the video monitors to ensure no toilets or showers were in camera view.

Specific Area Observations

Wherever residents were present, the auditor observed officers actively supervising the residents. There are 24 total cameras. Staff supervision and the video surveillance system mitigate blind spots.

Interviews

Interviews were held in the television room. The location provided privacy and was centrally located to minimize disruption of daily activities and programming. Specialized staff were selected

based on their respective duties in the facility. Ten staff, selected from every shift, were interviewed using the random staff interview protocol. This number represents all staff on duty during the two days of the onsite phase of the audit. The resident population was two on the first day of the audit. The auditor interviewed both residents. The residents did not meet any of the criteria for target interview protocols.

1. Agency head or designee
2. Superintendent or designee
3. PREA coordinator
4. Agency contract administrator
5. Randomly selected staff
6. Intermediate or higher level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
7. Medical and mental health staff
8. Non-medical staff involved in cross-gender strip or visual searches
9. Administrative (human resources) staff
10. Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
11. Volunteers and contractors who have contact with residents
12. Investigative staff
13. Staff who perform screening for risk of victimization and abusiveness
14. Staff who supervise residents in segregated housing
15. Staff on the sexual abuse incident review team
16. Designated staff member charged with monitoring retaliation
17. First responders, both security and non-security staff
18. Intake staff
19. Randomly selected residents

Document Sampling and Review

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

Personnel and Training Files. The auditor reviewed background record checks and training files for all staff members.

Resident Files. On the first day of the onsite phase of the audit, the resident population was 2. A total of 12 resident records were reviewed by the auditor.

Medical and Mental Health Records. During the past year, there were 0 residents that reported sexual abuse.

Grievances. In the past year, the facility received 3 grievances; the facility identified that 0 of those grievances alleged sexual abuse and 0 alleged sexual harassment. The Detention Supervisor reviewed the 3 grievance with the auditor.

Incident Reports. The facility reported there were 31 incident reports for the 12 months prior to the audit. The auditor reviewed 10 incident reports.

Investigation Files. During the past 12 months, there were 0 total allegations of PREA related

misconduct at the facility broken down as follows:

Administrative Investigations

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

Criminal Investigations

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

Sexual Abuse - Resident on Resident

Hotline (0)
Grievances (0)
Reports to Staff (0)
Anonymous, 3rd Party (0)
Reports by Staff (0)
Total Allegations (0)

Sexual Abuse - Staff on Resident

Hotline (0)
Grievances (0)
Reports to Staff (0)
Anonymous, 3rd Party (0)
Reports by Staff (0)
Total Allegations (0)

Sexual Harassment - Resident on Resident

Hotline (0)
Grievances (0)
Reports to Staff (0)
Anonymous, 3rd Party (0)
Reports by Staff (0)
Total Allegations (0)

Sexual Harassment - Staff on Resident

Hotline (0)
Grievances (0)
Reports to Staff (0)
Anonymous, 3rd Party (0)
Reports by Staff (0)
Total Allegations (0)

Exit Briefing

An exit briefing was held with the Detention Supervisor. The auditor discussed the onsite audit. In addition to documentation collected onsite, the auditor did have some additional requests for documentation. The Detention Supervisor uploaded the supplemental files.

Post Onsite Audit Phase**Corrective Action**

115.335

Medical staff had not previously received the specialized training topics. Training is accomplished through online training presented by the National Institute of Corrections. Mental health practitioners completed PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Nurses with Southern Health Partners completed the specialized training presented by the NIC September 25, 2021 and November 3, 2021.

AUDIT FINDINGS**Facility Characteristics:**

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

Characteristics Related to PREA and Sexual Safety**Introduction**

Parent Agency: Williamson County Government

Other Significant Relationship: Williamson County Juvenile Court

Facility Name: Williamson County Juvenile Detention Center

Facility Address: 408 Century Court, Franklin, Tennessee 37074

Age of Facility: 1989

Total Facility Rated Capacity: 12

Resident Population Size and Makeup

Average daily population in the last 12 months: 1

Actual population on day 1 of the onsite portion of the audit : 2

Population Gender: Female and Male

Population Ethnicity: Multiethnic

Age range of population: 13 to 18

Average length of stay or time under supervision: 2.5 days

Staff Size and Makeup

Number of staff currently employed at the facility who may have contact with residents: 16

Types of Supervision Practiced: Direct Supervision

Number of staff hired by the facility during the past 12 months who may have contact with residents: 4

Number of Volunteers who may have contact with residents: 5

Number of contracts in the past 12 months for services with contractors who may have contact with residents: 1

Number of Contractors who may have contact with residents: 1

Number and Type of Housing Units

Number of resident housing units: 6

Number of single-occupancy cells: 4
 Number of open-bay dorms: 2
 Number of segregation or isolation cells or rooms: 0
 Number of multiple occupancy rooms: 2
 Number of closed units: 0

Facility Operations

Physical Plant Description

Williamson County Juvenile Detention Center is housed in a single building. The facility has two open bay housing units with four beds each. Additionally, there are four single cell housing units. The housing units are equipped with toilets. Each of the open bay housing units has a single private. There a third private shower in the single cell housing area. In addition to the housing units, there is a sally port, intake area, laundry room, staff intake desk/control center, Detention Supervisor’s office, multipurpose/dayroom and an enclosed, outdoor recreation area. The detention center is located on the same site as the Juvenile Services Office and courtrooms. Although adjacent to the jail, all juveniles are kept out of sight and sound of adult prisoners.

Services Available

The Detention Center provides a short-term safe and secure environment to juveniles who are awaiting court adjudication, transfer to another jurisdiction, or who have been adjudicated as a delinquent offender. The juveniles are provided meals, exercise and PREA education. Medical Services are provided by Southern Health Partners and mental health services are provided by Mobile Crisis Solutions.

Notable Aspects Regarding Sexual Safety

The detention center provides residents with in-depth PREA education. All residents receive PREA education every 9 days to reinforce knowledge of the facility’s zero tolerance policy toward sexual abuse and sexual harassment and internal and external reporting methods.

At a minimum, the detention center has one male and one female officer on duty at all times.

The facility allows for the residents to maintain a close connection with their family. Parental visiting hours are from 2:00 pm to 4:00 pm and 6:00 pm to 8:00 pm daily, as circumstances allow.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	2
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Number of standards met:	41
Number of standards not met:	0
Standards Exceeded: 115.313 and 115.333	

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. Williamson County Juvenile Services Organizational Chart 4. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p>

115.311 (a)

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

Williamson County Juvenile Detention Center (WCJDC) has a zero tolerance policy toward all forms of sexual abuse and sexual harassment. Two policies: WCJDC Prison Rape Elimination Act (PREA) and Compliance and WCJDC PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment outline the agency's approach to preventing, detecting, and responding to such conduct. Policy outlines the facility's approach to preventing, detecting, and responding to such conduct. Policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. Policies address prevention of sexual abuse and sexual harassment through the designations of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policies address detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.311 (b)

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

The Detention Supervisor of the WCJDC serves as the PREA Coordinator. The PREA Coordinator develops, implements, and oversees agency compliance with PREA standards.

115.311 (c) N/A**Conclusion:**

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

115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 371 1289 443">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 456 472 492">Documents:</p> <ol data-bbox="280 497 1423 739" style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Pre-Audit Questionnaire (PAQ) 3. Contract: Juvenile Court of Williamson County and Metropolitan Nashville and Davidson County Juvenile Court 4. Contract: Williamson County Juvenile Detention Center and Rutherford County Juvenile Detention Center <p data-bbox="280 779 443 815">Interview:</p> <ol data-bbox="280 819 1082 855" style="list-style-type: none"> 1. Agency Contract Administrator (Detention Supervisor) <p data-bbox="280 891 660 927">Findings (by provision):</p> <p data-bbox="280 931 526 967">115.312 (a) N/A</p> <p data-bbox="280 972 1471 1093">PAQ: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:</p> <ol data-bbox="280 1097 1426 1258" style="list-style-type: none"> 1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 0 2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: N/A <p data-bbox="280 1308 1474 1509">The interview with the Detention Supervisor confirmed that the facility does not and has not contracted with any other entity for the confinement of its residents. Williamson County Juvenile Detention Center contracts to hold juveniles from Rutherford County Juvenile Detention Center and Metropolitan Nashville and Davidson County Juvenile Court.</p> <p data-bbox="280 1545 526 1581">115.312 (b) N/A</p> <p data-bbox="280 1585 1407 1747">PAQ: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: N/A</p> <p data-bbox="280 1787 1465 1908">Williamson County Juvenile Detention Center does not contract for the confinement of its residents with private agencies or other entities including other government agencies.</p> <p data-bbox="280 1944 466 1980">Conclusion:</p> <p data-bbox="280 1984 1481 2101">Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

115.313	Supervision and monitoring
	<p data-bbox="280 188 1015 221">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 412 1398 445">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 456 453 490">Documents:</p> <ol data-bbox="280 501 1187 658" style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. 2021 WCJDC Staffing, Facility, and Technology Assessment 3. PREA Checks 4. WCJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="280 696 437 730">Interviews:</p> <ol data-bbox="280 741 1043 853" style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) 2. PREA Coordinator 3. Intermediate or Higher-Level Facility Staff <p data-bbox="280 891 647 925">Site Review Observations:</p> <p data-bbox="280 936 903 969">Observations during onsite review of facility</p> <p data-bbox="280 1008 660 1041">Findings (By Provision):</p> <p data-bbox="280 1052 469 1086">115.313 (a)</p> <p data-bbox="280 1097 740 1131">PAQ: Since the 2017 PREA audit:</p> <ol data-bbox="280 1142 1474 1243" style="list-style-type: none"> 1. The average daily number of residents: 1 2. The average daily number of residents on which the staffing plan was predicated: 12 <p data-bbox="280 1330 1474 1778">Policy provides the WCJDC provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels, the WCJDC considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant; the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.</p> <p data-bbox="280 1816 1426 1895">The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements.</p> <p data-bbox="280 1933 1474 2045">The Detention Supervisor confirmed the facility regularly develops a staffing plan. The eleven criteria required for calculating adequate staffing levels and determining the need for video monitoring are included in the documented plan.</p>

115.313 (b)

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

Policy states the WCJDC complies with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

The Detention Supervisor confirmed the facility maintains appropriate staffing ratios.

115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:6 during resident waking hours. The facility maintains staff ratios of a minimum of 1:6 during resident sleeping hours.

In the past 12 months:

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

Policy states the WCJDC complies with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

WCJDC maintains staffing ratios of 1:4 when at full capacity. There is always a female and male officer on duty. The minimum staffing ratio would be 1:6 during waking and sleeping hours.

The Detention Supervisor confirmed all deviations would be documented. The documentation would include explanations for non-compliance.

PREA Site Review:

During the onsite tour of the facility the auditor observed the detention center was compliant with required staffing ratios.

115.313 (d)

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

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

Policy requires that at least once a year, the WCJDC, with the PREA Coordinator, assesses, determines, and documents whether adjustments are needed to the

	<p>staffing plan, prevailing staffing patterns, the video monitoring systems and the resources deployed by the facility to comply with the staffing plan.</p> <p>The PREA Coordinator confirmed he is consulted regarding any assessments of, or adjustments to, the staffing plan. He confirmed the assessment occurs annually and is documented through the Staffing, Facility, and Technology Assessment.</p> <p>The auditor reviewed the 2021 WCJDC Staffing, Facility, and Technology Assessment for verification it is inclusive of the standard provision requirements.</p> <p>115.313 (e) PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.</p> <p>Policy states intermediate and higher level supervisors conduct and document unannounced rounds during day and night shifts to identify and deter staff sexual abuse and sexual harassment. Shifts are as follows: 7am-3pm, 3pm-11pm and 11pm-7am.</p> <p>An interview with the Detention Supervisor confirmed he conducts unannounced rounds. The Detention Supervisor confirmed staff are prohibited from alerting other staff members that supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility.</p> <p>The auditor reviewed documentation showing that unannounced supervisory rounds (PREA Checks) are occurring as required by policy. The auditor observed the documented, unannounced rounds cover all shifts and are primarily conducted by the Detention Supervisor.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding supervision and monitoring. Staffing ratios well exceed the minimum requirements. No corrective action is required.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p>

1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance
2. PREA Training PowerPoint
3. Staff Training Records
4. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

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

Findings (By Provision):

115.315 (a)

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

In the past 12 months:

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

Policy states staff shall not conduct cross-gender unclothed searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

115.315 (b)

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

In the past 12 months:

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

Policy states staff shall not conduct cross-gender pat down searches except in exigent circumstances.

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

115.315 (c)

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

Policy states WCJDC shall document and justify all cross-gender unclothed searches, cross-gender visual body cavity searches and cross-gender pat down searches

should any such searches be necessary due to exigent circumstances.

115.315 (d)

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

Policy states residents shall be allowed 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. Staff of the opposite gender shall announce their presence when entering a resident housing unit.

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

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in the privacy of an individual restroom and shower.

115.315 (e)

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

Policy states staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the individual's genital status. If a resident's genital status is unknown, it may be determined through conversations with the resident, review of medical records or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner.

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

115.315 (f)

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

	<p>Policy states searches of trans gender and intersex residents shall be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Staff will ask trans gender and intersex residents to identify the gender of staff with whom they would feel most comfortable conducting the search and will accommodate the resident's preference if possible.</p> <p>Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs.</p> <p>The auditor reviewed the PREA Training PowerPoint and staff training records for verification the training was provided and received.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. Language Line Solutions 3. Pamphlet: "Your Right to be Safe from Sexual Abuse and Assault" (English and Spanish) 4. PREA Posters (English and Spanish) 5. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director) 2. Random Sample of Staff 3. Residents (with disabilities or who are limited English proficient) <p>Site Review Observations: Observations during onsite review of facility</p> <p>Findings (By Provision): 115.316 (a) PAQ: The agency has established procedures to provide disabled residents equal</p>

opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy states WCJDC shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the WCJDC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. When necessary to ensure effective communication with residents who are deaf or hard of hearing, WCJDC shall provide access to interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any specialized vocabulary.

Language Line Solutions provides professionally trained interpreters fluent in more than 240 languages including American Sign Language.

The Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy states WCJDC shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters.

Language Line Solutions provides professionally trained interpreters fluent in more than 240 languages including American Sign Language.

PREA Site Review:

The auditor observed PREA posters in English and Spanish. The Auditor reviewed the resident pamphlet: "Your Right to be Safe from Sexual Abuse and Assault" is available in English and Spanish.

115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

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

	<p>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</p> <p>Policy states WCJDC shall not rely upon resident interpreters, resident readers or other types of resident assistants except in limited circumstances where an extended delay in obtaining an interpreter could compromise the resident's safety, the performance of first-response duties or the investigation of the resident's allegations.</p> <p>Staff interviews confirmed the agency would use a Spanish speaking staff member or Language Line Solutions for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. Employment Application Addendum (Three Questions) 3. Background Records Checks 4. Child Protective Services History Checks 5. National Sex Offender Search Results 6. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>Findings (By Provision): 115.317 (a) PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have</p>

contact with residents, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Policy states WCJDC shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, youth facility, or other institution; or
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. Has been criminally, civilly, or administratively adjudicated to have engaged in the activity described in (a and b).

The auditor reviewed Employment Application Addendum for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered. The auditor also observed Employment Application Addendum demonstrating existing employees are asked the same questions about misconduct annually.

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

115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Policy states WCJDC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents

The HR staff confirmed the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes

its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 4
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Policy states before hiring new employees who may have contact with residents, the WCJDC shall

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

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

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

115.317 (d)

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

During the past 12 months:

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

Policy states WCJDC shall perform a criminal background check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

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

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Policy states WCJDC shall conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents.

The interview with the HR staff confirmed the detention conducts criminal background records checks at least every five years.

115.317 (f)

Policy states WCJDC shall ask all applicants who may have contact with residents directly about previous misconduct 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 auditor reviewed Employment Application Addendum for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered. The auditor also observed Employment Application Addendum demonstrating existing employees are asked the same questions about misconduct annually.

115.317 (g)

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

Policy states employees have a continual duty to disclose any previous misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h)

Policy states unless prohibited by law, WCJDC shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from any institutional employer for whom such employee has applied to work.

The HR staff confirmed the detention center 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.

Conclusion:

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

115.318	Upgrades to facilities and technologies
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 342 1289 416">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 427 472 461">Documents:</p> <ol data-bbox="280 468 845 542" style="list-style-type: none"> 1. WCJDC Pre-Audit Questionnaire (PAQ) 2. Facility Schematics <p data-bbox="280 580 461 613">Interviews:</p> <ol data-bbox="280 620 1043 694" style="list-style-type: none"> 1. Agency Head (Director) 2. Superintendent or Designee (Detention Supervisor) <p data-bbox="280 732 699 766">Site Review Observations:</p> <p data-bbox="280 772 1018 806">Observations during on-site review of physical plant</p> <p data-bbox="280 844 660 878">Findings (By Provision):</p> <p data-bbox="280 884 464 918">115.318 (a)</p> <p data-bbox="280 925 1422 999">PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p data-bbox="280 1037 1481 1283">The Director and the Detention Supervisor both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p data-bbox="280 1321 464 1355">115.318 (b)</p> <p data-bbox="280 1361 1463 1480">PAQ: The agency or facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p data-bbox="280 1518 1372 1682">The Director and the Detention Supervisor both confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p data-bbox="280 1720 464 1753">Conclusion:</p> <p data-bbox="280 1760 1436 1879">Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance
2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment
3. Our Kids: <https://ourkidscenter.com/>
1804 Hayes St, Nashville, TN 37203
(615) 341-4911
4. MOU: Davis House Child Advocacy Center <http://www.davishousecac.org/>
1810 Columbia Avenue, Suite 18, Franklin, TN 37064
(615) 790-5900
5. MOU: Sexual Assault Center <https://www.sacenter.org/heal/safe-clinic.aspx>
101 Forrest Crossing Blvd St. 106, Franklin, TN 37064
(615) 259-9055
6. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Random Sample of Staff
3. SAFEs/SANEs (Sexual Assault Center and Our Kids)
4. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.321 (a) and (b)

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

The Tennessee Department of Children's Services (DCS) is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with the Williamson County Sheriff's Department for criminal sexual abuse investigations.

Staff interviewed confirmed they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They acknowledged DCS and local law enforcement are responsible for conducting sexual abuse investigations.

115.321 (c)

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

SANes or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

1. The number of forensic medical exams conducted: 0
2. The number of exams performed by SANes/SAFEs: 0
3. The number of exams performed by a qualified medical practitioner: 0

Forensic medical examinations are conducted at the Sexual Assault Center and Our Kids.

Forensic medical examinations are available at the Sexual Assault Center (SAC) SAFE Clinic for youth aged 16 or over. The clinic provides a free medical exam at no cost to youth or their families. The exam is conducted by a Sexual Assault Nurse Examiner (SANE) who is specially-trained in the collection of evidence and the care of sexual assault survivors.

Forensic medical examinations are available at the DCS Our Kids Program for youth aged 15 or younger. The examinations are performed by qualified medical practitioners without financial cost to the juveniles. Our Kids is a Nashville nonprofit that provides expert medical evaluations and crisis counseling in response to concerns of child sexual abuse. Our Kids offers free 24/7 coverage to 47 Middle Tennessee counties. The auditor contacted Our Kids to confirm availability of the services.

The auditor reviewed an MOU with the Sexual Assault Center (SAC) to verify services would be available.

115.321 (d) and (e)

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

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

Victim advocates are available from the Sexual Assault Center (SAC) and Davis House Child Advocacy Center. The Sexual Assault Center (SAC) provides counseling and advocate services. Davis House Child Advocacy Center provides investigative, advocacy, family support, and therapeutic services to children who have experienced sexual abuse.

Davis House is part of the Williamson County Child Protective Investigative Team (CPIT). CPIT is the group of child abuse professionals in each county that

	<p>investigates allegations of child sexual and severe physical abuse. This team is mandated by Tennessee law and consists of representatives from the Department of Children's Services, the District Attorney's Office, local Law Enforcement agencies, Davis House staff, medical professionals from Our Kids, and youth services officers from juvenile court. The collaboration seen in the forensic interview is the essence of the CPIT multi-disciplinary team, where various disciplines come together to work for the welfare of the juvenile. From the forensic interview conducted by trained Davis House Child Advocacy Center staff, the investigation proceeds and services become available to victims.</p> <p>WCJDC has MOU's with the Sexual Assault Center (SAC) and Davis House Child Advocacy Center for outside support services. The auditor contacted the Sexual Assault Center (SAC) and Davis House Child Advocacy Center and confirmed victim advocacy is available to the youth at the detention center. The auditor reviewed the information for verification.</p> <p>Lastly, the detention center employs a fulltime licensed professional counselor who is available to provide counseling and advocate services. The auditor interviewed and reviewed the counselor's credentials for verification.</p> <p>115.321 (f) PAQ: WCJDC is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations. DCS policy outlines they are the responsible agency and they follow the requirements of paragraphs §115.321 (a) through (e) of the standards.</p> <p>The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations for verification.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Website 3. WCJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. Agency Head (Director)

Findings (By Provision):

115.322 (a)

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

In the past 12 months:

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

DCS policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS).

The Director stated WCJDC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. She stated DCS is responsible for all investigations and local law enforcement is involved for criminal investigations.

115.322 (b)

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

The detention center's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: <https://www.williamsoncounty-tn.gov/239/Detention>

The website publication states the WCJDC shall ensure that an administrative and/or criminal investigation is completed for allegations of sexual abuse or sexual harassment. Allegations of sexual abuse or sexual harassment will be referred for investigation to the Williamson County Sheriff's Office unless the allegation does not involve potentially criminal behavior.

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.

WCJDC PREA policy describes the responsibilities of both the detention center and the Williamson County Sheriff's Office.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has

determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance
2. PREA Training PowerPoint
3. PREA Training Certificates
4. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Random Sample of Staff

Findings (By Provision):

115.331 (a)

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

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

The auditor reviewed the PREA PowerPoint and PREA Training Certificates. Staff interviewed reported receiving the training topics annually.

115.331 (b)

	<p>PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p>The PAQ indicated the detention center houses both male and female residents and trains accordingly.</p> <p>115.331 (c)</p> <p>PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually</p> <p>Policy states all WCJDC employees who may have contact with residents shall receive refresher training related to WCJDC's PREA policies every two years. In years in which an employee does not receive refresher training, WCJDC shall provide written information related to WCJDC's PREA policies.</p> <p>The auditor reviewed the PREA PowerPoint and PREA Training Certificates.</p> <p>115.331 (d)</p> <p>PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Policy states WCJDC shall document, through employee signature or electronic verification, that employees understand the training provided.</p> <p>The auditor reviewed PREA Training Certificates for verification the training is documented.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. No corrective action is required.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. Southern Health Partners Policy: Procedure in the Event of Sexual Assault

3. Southern Health Partners PREA Training Records
4. PREA Training PowerPoint
5. PREA Training Certificates
6. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

Volunteers or Contractors who have Contact with Residents

Findings (By Provision):

115.332 (a)

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

The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 4

Policy requires all volunteers and contractors, including medical staff, who have contact with residents, are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors who may have contact with residents are notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents.

The auditor reviewed the PREA PowerPoint, PREA Training Certificates, and Southern Health Partners PREA Training Records. Educational and medical staff reported receiving the training topics.

115.332 (b)

PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

According to the PAQ volunteers and contractors are provided the same training as staff.

115.332 (c)

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

Policy states WCJDC maintains documentation confirming that volunteers and contractors understand the information they received.

The auditor reviewed the PREA Training Certificates and Southern Health Partners PREA Training Records.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has

	determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.
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115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. Language Line Solutions 3. PREA Educational Video 4. Youth Acknowledgement and Notification of PREA 5. Pamphlet: "Your Right to be Safe from Sexual Abuse and Assault" (English and Spanish) 6. PREA Posters (English and Spanish) 7. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.333 (a)</p> <p>PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.</p> <p>Of residents admitted during the past 12 months, the number who were given this information at intake: 171</p> <p>Policy states during intake, all residents shall receive information explaining, in an age appropriate fashion, the zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>Residents sign the Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA) at intake, acknowledging they have been informed that the Williamson County Juvenile Detention Center has a zero tolerance policy toward all forms of sexual abuse and sexual harassment and how to report sexual abuse and</p>

sexual harassment. Residents are informed they may report incidents or suspicions of sexual abuse or sexual harassment in the following ways: (1) Verbally or in writing to any Williamson County Juvenile Detention Center staff member; (2) Through the grievance process; or (3) calling 1-877-237-0004. Residents sign that they have reviewed the information, they have had the opportunity to ask questions about the information, and they understand the information.

The auditor reviewed the Youth Acknowledgement Form to verify residents have been provided the intake information.

115.333 (b)

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 30

Policy requires within 10 days of intake, all residents shall receive comprehensive age appropriate education in person or by video regarding the following: (1) Their rights to be free from sexual abuse and sexual harassment; (2) Their rights to be free from retaliation for reporting such incidents; and (3) Policies and procedures for responding to such incidents. WCJDC maintains documentation of resident participation in education sessions.

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

The auditor reviewed the documented participation in PREA video sessions to verify residents have been provided the required education. All PREA education is accomplished within ten days and repeated every nine days.

115.333 (c)

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

Policy requires within 10 days of intake, all residents shall receive comprehensive age appropriate education in person or by video regarding the following: (1) Their rights to be free from sexual abuse and sexual harassment; (2) Their rights to be free from retaliation for reporting such incidents; and (3) Policies and procedures for responding to such incidents. WCJDC maintains documentation of resident participation in education sessions.

The Intake Staff confirmed all residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment regardless of if they are transferred from other facilities. All PREA education is accomplished within ten days and repeated every nine days.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired,

or otherwise disabled, as well as to residents who have limited reading skills.

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

Policy states WCJDC shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters.

Language Line Solutions provides professionally trained interpreters fluent in more than 240 languages including American Sign Language.

The auditor observed PREA posters in English and Spanish. The Auditor reviewed the resident pamphlet: “Your Right to be Safe from Sexual Abuse and Assault” is available in English and Spanish.

115.333 (e)
 PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Policy states WCJDC shall maintain documentation of resident participation in education sessions.

The auditor reviewed the Youth Acknowledgement Form to verify participation in PREA education sessions is documented. Additionally, participation in PREA video sessions is electronically logged in the resident’s files.

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

Policy states key information regarding sexual abuse and harassment shall be displayed on posters inside the facility.

The auditor observed the “Speak Up” and “Zero Tolerance” posters. They are available in English and Spanish. The posters encourage the residents to report sexual abuse and sexual harassment to staff and to call the Tennessee Department of Children Services hotline at (877) 237-0004.

Conclusion:
 Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding resident education. All PREA education is accomplished within ten days and repeated every nine days. No corrective action is required.

115.334 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance
2. DCS Policy 5.2: Professional Development and Training Requirements
3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
4. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Investigative Staff (DCS)

Findings (By Provision):

115.334 (a) - (c) N/A

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

WCJDC does not conduct any form of administrative or criminal sexual abuse investigations. Investigators are employed and trained by DCS. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Special Investigators Unit Training Curriculum includes:

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

The Tennessee Department of Children's Services (DCS) is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with the Williamson County Sheriff's Office for criminal sexual abuse investigations.

Conclusion:

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

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. PREA Training PowerPoint 3. PREA Training Certificate 4. Southern Health Partners PREA Training Records 5. Southern Health Partners Policy: Procedure in the Event of Sexual Assault 6. Southern Health Partners: Contracted Medical Services http://www.southernhealthpartners.com/ 7. WCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. NIC Certificate - PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting 2. NIC Certificate - PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff and Mental Health Staff <p>Findings (By Provision):</p> <p>115.335 (a)</p> <p>PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 3 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% <p>Medical staff are contracted through Southern Health Partners. Mental health practitioners are available through Mobile Crisis Services and the detention center has one LPC on staff. The mental health practitioners with Mobile Crisis Services do not work regularly in the facility.</p> <p>Policy states all WCJDC employees who may have contact with residents receive instruction related to: (1) its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile</p>

victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.

The contracted medical staff receive PREA education from Southern Health Partners. They sign the Sexual Misconduct/ (PREA) Education Form acknowledging they have received the required training topics.

The auditor reviewed the PREA PowerPoint, PREA Training Certificate for the LPC, and Southern Health Partners PREA Training Records. Educational and medical staff reported receiving the training topics.

Interviews with medical and mental health staff confirmed they had not received the specialized training topics regarding sexual abuse and sexual harassment. This training was accomplished through corrective action.

115.335 (b)

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

Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the detention center. Forensic examinations would be conducted at the Sexual Assault Center or Our Kids.

115.335 (c)

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

Policy S 4.1 states staff training records are kept by the facility's designated training coordinator or record keeper in the Cornerstone Learning Management System.

The auditor reviewed NIC Certificates for verification the training was accomplished through corrective action.

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.

Policy S 4.1 requires Registered Nurses I-IV, Nurse Practitioners I & II, Midlevel Providers, Physician Assistants (PA), Physicians, Behavioral Health Specialists- (SW II, III), Psychologist, and Psychiatrists receive PREA training upon employment and annually thereafter.

The auditor reviewed staff PREA training records. The medical and mental health

	<p>staff received the training mandated for employees under § 115.331.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. Corrective action is complete.</p> <p>Corrective Action: 115.335 (a) The WCJDC LPC completed the specialized training presented by the NIC September 30, 2021. Nurses with Southern Health Partners completed the specialized training presented by the NIC September 25, 2021 and November 3, 2021.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: WCJDC Prison Rape Elimination Act (PREA) Compliance 2. Assessment, Checklist and Protocol for Behavior and Risk for Victimization (form CS-0946) 3. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents <p>Findings (By Provision): 115.341 (a) PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 94 2. The percent of residents entering the facility (either through intake or transfer)

whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

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

Policy states within 72 hours of a resident's arrival at the facility and periodically throughout a resident's confinement, the agency obtains and uses information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

The auditor reviewed completed Assessment, Checklist and Protocol for Behavior and Risk for Victimization for verification.

The Staff Responsible for Risk Screening confirmed they screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. They stated they screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records. Resident's risk levels would be reassessed every three months.

Two (2) residents were interviewed with the random resident protocol. They confirmed they were asked questions like the following examples at intake:

1. Have you have ever been sexually abused?
2. Do you identify with being gay, bisexual, or transgender?
3. Do you have any disabilities?
4. Do you think you might be in danger of sexual abuse at the facility?

115.341 (b)

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

Policy requires WCJDC shall use Department of Children's Services Assessment CS-0946 for the screening.

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

115.341 (c)

At a minimum, the agency shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. 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;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;

- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident’s own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the Assessment, Checklist and Protocol for Behavior and Risk for Victimization and found it to be inclusive of the required information. Additionally, the Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d)

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

The interview with the intake staff responsible for risk screening confirmed the information is ascertained through conversations with the residents using the Assessment, Checklist and Protocol for Behavior and Risk for Victimization.

115.341 (e)

Policy states the dissemination of information obtained through the screening process will be controlled such that sensitive information is not exploited to the resident's detriment by staff or other residents.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident’s risk assessment within the facility, to protect sensitive information from exploitation.

Conclusion:

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

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

Documents:

1. WCJDC Policy: WCJDC Prison Rape Elimination Act (PREA) Compliance
2. Assessment, Checklist and Protocol for Behavior and Risk for Victimization (form CS-0946)
3. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Detention Supervisor)
2. PREA Coordinator
3. Staff Responsible for Risk Screening
4. Staff who Supervise Residents in Isolation (N/A)
5. Medical Staff
6. Mental Health Staff
7. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
8. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.342 (a)**

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

Policy states information obtained through screening shall be used in housing, bed, program, education and work assignments to keep those at high risk of sexual victimization away from those with high risk of being sexually abusive. Decisions concerning housing assignments for residents will be made with the goal of keeping all residents safe and free from sexual abuse.

When making determinations regarding housing, bed, program, education, and work assignments, WCJDC staff shall consider all available information and the safety of all residents. In appropriate circumstances in the interest of preventing sexual abuse and sexual harassment, staff may decide to separate a resident even though the screening assessment (Form CS-0946) does not indicate that the resident is at risk for sexual abuse. In such circumstances, staff shall document the reason(s) for the decision.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.

115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping

all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. 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: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

Policy states residents may be isolated from others only as a last resort when less restrictive 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. During any period of isolation, residents shall not be denied daily large muscle exercise and any legally 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.

The Detention Supervisor confirmed WCJDC does not use isolation for residents at risk of sexual victimization.

115.342 (c)

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

Policy states lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually aggressive.

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

115.342 (d)

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

Policy states in deciding whether to house a transgender or intersex resident in a male or female unit, and in making other programming decisions, WCJDC staff shall 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.

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

115.342 (e)

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

Policy states placement and programming assignments for each transgender and intersex resident shall be reassessed at least twice a year to review any threats to safety experienced by the resident.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

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

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

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

115.342 (g)

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

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

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually.

115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

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

	<p>No residents at risk of sexual victimization were held in isolation in the past 12 months. WCJDC does not use isolation for residents at risk of sexual victimization.</p> <p>115.342 (i) PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. WCJDC does not use isolation for residents at risk of sexual victimization.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: WCJDC Prison Rape Elimination Act (PREA) Compliance 2. "Zero Tolerance" Poster - English and Spanish 3. "Speak Up" Poster - English and Spanish 4. Rape and Crisis Services Agencies Poster 5. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision): 115.351 (a) PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have</p>

contributed to such incidents.

Policy states WCJDC staff shall accept reports of sexual abuse or sexual harassment, reports of retaliation for such reports, and reports of staff neglect of duty that contributed to such incidents made verbally, in writing, anonymously and from third parties. Verbal reports shall be promptly documented.

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

115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. DYS does not detain youth solely for civil immigration purposes.

The Tennessee Department of Children’s Services Child Abuse Hotline is identified as one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Contact information is published on the “Zero-Tolerance” and “Speak Up” posters.

Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The Detention Supervisor confirmed this information would be provided.

The PREA Coordinator identified the Child Abuse Hotline as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a note. Residents also could identify someone that does not work at the facility they could report to.

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: promptly

Policy states residents may report sexual abuse or sexual harassment; retaliation by residents or staff for such reports; and staff neglect or violation of responsibilities that may have contributed to such incidents: (1) Verbally or in writing to any WCJDC staff; or (2) By calling 1-877-237-0004. WCJDC shall provide residents with access to tools necessary to make a written report.

	<p>Staff interviewed confirmed verbal reports would be documented immediately or as soon as possible.</p> <p>115.351 (d) PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Policy states WCJDC shall provide residents with access to tools necessary to make a written report.</p> <p>The Detention Supervisor stated residents are given crayons for to write grievances or verbal reports. They are permitted to have pencils while in the multipurpose/ dayroom.</p> <p>115.351 (e) PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: employee training and posters</p> <p>Contact information for the Tennessee Department of Children’s Services Child Abuse Hotline is published on the “Zero-Tolerance” and “Speak Up” posters.</p> <p>Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: WCJDC Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. WCJDC Pre-Audit Questionnaire (PAQ)

	<p>Interviews: Residents who Reported a Sexual Abuse</p> <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings: WCJDC does not have administrative procedures to address resident grievances regarding sexual abuse. If an allegation of sexual abuse is reported through the submission of a grievance, the allegation will be referred for investigation to the Tennessee Department of Children's Services and the Williamson County Sheriff's Office in accordance with policy and the PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: WCJDC Prison Rape Elimination Act (PREA) Compliance 2. MOU: Davis House Child Advocacy Center http://www.davishousecac.org/ 1810 Columbia Avenue, Suite 18, Franklin, TN 37064 (615) 790-5900 3. MOU: Sexual Assault Center https://www.sacenter.org/heal/safe-clinic.aspx 101 Forrest Crossing Blvd St. 106, Franklin, TN 37064 (615) 259-9055 4. Rape and Crisis Services Agencies Poster 5. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) 2. PREA Coordinator 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p>

115.353 (a)

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

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

Policy provides that residents are given access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and phone numbers for victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.

WCJDC has MOUs with the Sexual Assault Center (SAC) and Davis House Child Advocacy Center for outside support services. Additionally, the facility has a list of rape and crisis services agencies posted next to the telephone. The organizations are equipped to provide emotional support services related to sexual abuse. They are as follows:

The Sexual Assault Center
101 French Landing Drive
Nashville, TN 37228
800-879-1999
615-259-9055

Davis House-Child Advocacy Center
101 Forrest Crossing Blvd. Suite 106
Franklin, TN 37064
615-790-5900

Tennessee Coalition to End Domestic & Sexual Violence
2 International Plaza Dr. Suite 425
Nashville, TN 37217
615-386-9406
800-289-9018

Youth Villages-Statewide Crisis Hotline
866-791-2222

Volunteer Behavioral Health-Mobile Crisis Hotline
800-704-2651

Tennessee Child Abuse Hotline
877-237-0004
877-542-2873

Rape, Abuse, & Incest National Network (RAINN)

800-656-4673

The auditor reviewed the MOUs to provide residents with emotional support services related to sexual abuse with the Sexual Assault Center (SAC) and Davis House Child Advocacy Center. The auditor contacted the Sexual Assault Center (SAC) and Davis House Child Advocacy Center and confirmed victim advocacy is available to the youth at the facility.

Resident interviews revealed residents were aware there are services available outside of the facility for dealing with sexual abuse if they ever need it. The facility has posted contact information next to the telephone. The information posted includes telephone numbers and a mailing addresses for various outside support service organizations. The information informs residents they will be able to have communication in as a confidential manner as possible.

115.353 (b)

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

The Rape and Crisis Services Agencies Poster informs residents about confidential communication with outside support services and Tennessee mandatory reporting laws.

Residents interviewed knew contacting the sexual abuse hotline or other outside services would be a free call, they could make a call when needed and their conversation would be private. Even though the residents reported their correspondence would be private, they were knowledgeable about mandatory reporting rules if they were to share certain information that is required to be reported. The auditor observed a telephone located next to intake. The Rape and Crisis Services Agencies Poster is located above the telephone and in the window of the Detention Supervisor's Office.

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

The auditor reviewed the MOUs to provide residents with emotional support services related to sexual abuse with the Sexual Assault Center (SAC) and Davis House Child Advocacy Center. The auditor contacted the Sexual Assault Center (SAC) and Davis House Child Advocacy Center and confirmed victim advocacy is available to the youth at the facility.

Interviews with residents confirmed they were knowledgeable of mandatory

	<p>reporting rules when having conversations with people from outside services.</p> <p>115.353 (d) PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.</p> <p>Residents are also given reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>The Detention Supervisor/PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: WCJDC Prison Rape Elimination Act (PREA) Compliance 2. Website 3. WCJDC Pre-Audit Questionnaire (PAQ) <p>§115.354 PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Policy states WCJDC shall accept third-party reports of sexual abuse and sexual harassment. Such reports should be directed to the PREA Coordinator and may be submitted in writing, by telephone or in person.</p> <p>The agency website includes the following information, "Third parties may report allegations of sexual abuse and sexual harassment occurring in WCJDC facilities to</p>

	<p>the WCJDC in writing, by telephone or in person. Such allegations should be directed to: Williamson County Juvenile Detention Center, PREA Coordinator, 408 Century Court, Franklin, TN 37064, telephone: (615) 790-5812.” The auditor reviewed the agency website and observed the published instructions for third party reporting.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding third-party reporting by providing multiple ways for third-party reporting. No corrective action is required.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) 2. PREA Coordinator 3. Random Sample of Staff 4. Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.361 (a)</p> <p>PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol style="list-style-type: none"> 1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p>Policy states staff shall immediately report any knowledge, suspicion or information regarding: (1) an incident of sexual abuse or harassment that occurred in any facility (whether operated by WCJDC or not); (2) retaliation against residents or staff who reported such an incident; and (3) any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation privately to the PREA Coordinator, unless the PREA Coordinator is the alleged perpetrator, in</p>

which case staff may privately report such an incident to the Assistant Director.

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

115.361 (b)

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

Policy states staff must comply with all mandatory child abuse reporting laws. Medical and mental health practitioners shall immediately report to the appropriate WCJDC staff member and to designated State or local services agencies where required by mandatory reporting laws.

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

115.361 (c)

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy states other than reporting to the PREA Coordinator or other designated official, staff shall not reveal any information related to the report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

Staff interviewed were knowledgeable that WCJDC policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

115.361 (d)

Policy states any person involved in a Stage I investigation as a witness or any other capacity is not authorized to discuss the investigation, facts, and particulars with anyone who has not been officially authorized by the investigator of the specific situation. Revealing information relating to an investigation may result in disciplinary action.

Policy requires medical and mental health practitioners shall immediately report to the appropriate WCJDC staff member and to designated State or local services agencies where required by mandatory reporting laws. Medical and mental health

practitioners shall inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services, unless otherwise precluded by law. Other than reporting to the PREA Coordinator or other designated official, staff shall not reveal any information related to the report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions.

Interviews with the medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are mandated to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment DCS and the Detention Supervisor. The medical and mental health staff interviewed reported they have not become aware of such incidents at the Williamson County Juvenile Detention Center.

115.361 (e)

Policy requires that 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.

The Detention Supervisor/PREA Coordinator stated when the facility receives an allegation of sexual abuse, he reports the allegation to DCS and to local law enforcement. If the victim is under the guardianship of the DCS, the allegation would be reported to the victim's caseworker. Lastly, if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record within 14 days.

115.361 (f)

Policy states all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, must be reported to designated investigators. Allegations of abuse that occurred inside the facility shall be reported to the Department of Children's Services and the Williamson County Sheriff's Office. Allegations of abuse that occurred outside the facility shall be reported to Department of Children's Services.

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

Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director) 2. Superintendent or Designee (Detention Supervisor) 3. Random Sample of Staff <p>Findings:</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>Policy states when WCJDC learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident, including but not limited to transferring a resident, changing housing and/or programming assignments, increasing monitoring, etc.</p> <p>The Director and Detention Supervisor confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include the resident from potential risk and removing the abuser.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance
2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment
3. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head (Director)
2. Superintendent or Designee (Detention Supervisor)

Findings (By Provision):

115.363 (a)

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

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

Policy states if WCJDC receives an allegation that a resident was abused while confined in another facility, a supervisor shall report the accusation to the head of the facility where it occurred as soon as possible, but no later than 72 hours, and shall also notify the appropriate investigative agency.

115.363 (b)

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

Policy states a supervisor shall report the accusation to the head of the facility where it occurred as soon as possible, but no later than 72 hours, and shall also notify the appropriate investigative agency.

115.363 (c)

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

Policy states the supervisor shall document that notification was made. Upon receiving a report from another facility that abuse occurred in WCJDC's facility, an investigation shall be undertaken.

115.363 (d)

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

	<p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy states upon receiving a report from another facility that abuse occurred in WCJDC's facility, an investigation shall be undertaken.</p> <p>The Director and Detention Supervisor confirmed the Detention Supervisor would notify the facility director where the alleged incident occurred and report the allegation to DCS for investigation.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>
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115.364	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. SPARE Cards 4. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.364 (a)</p> <p>PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not</p>

take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: N/A
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: N/A
3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: N/A; There were zero allegations of sexual abuse that required evidence preservation/collection.
4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: N/A; There were zero allegations of sexual abuse that required evidence preservation/collection.
5. The number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: N/A; There were zero allegations of sexual abuse that required evidence preservation/collection.

Policy states upon learning of an allegation of sexual abuse, the first staff member to respond to the report shall: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The Detention Supervisor described the SPARE cards each officer keeps with them.

Separate alleged victim and abuser

Preserve and protect crime scene and any possible physical evidence

Alert medical staff

Report allegation to DCS (1-877 237-0004) and Williamson County Sheriff's Office (615-790-5550)

Expediently notify PREA Coordinator and Director of Juvenile Services and document all above actions on an incident report.

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

115.364 (b)

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

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

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

Policy states staff shall notify medical staff of the incident. 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 immediately notify appropriate medical and mental health practitioners after completing steps (1) through (4) above. The allegation is reported to the Department of Children's Services (1-877 237-0004), the Williamson County Sheriff's Office (615-790-5550) and the PREA Coordinator and the Director of Juvenile Services are notified.

The Director of Juvenile Services or her designee shall 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 as set forth in the PREA Compliance Policy Procedures. If the first responder is not a WCJDC staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify a WCJDC staff member.

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

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action has been completed.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. SPARE Cards 4. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) <p>Findings:</p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The WCJDC maintains a written plan to coordinate the response to an incident of sexual abuse entitled: "Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment".</p> <p>The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse. The Detention Supervisor confirmed the facility has a Coordinated Response Plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, and facility leadership.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>
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<p>115.366</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Director)

	<p>Findings (By Provision):</p> <p>115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Director confirmed Williamson County Juvenile Detention Center has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b) The Director confirmed Williamson County Juvenile Detention Center has not entered into or renewed any collective bargaining agreements.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director) 2. Superintendent or Designee (Detention Supervisor) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.367 (a) PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p>The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The name(s) of the staff member(s): Drason Beasley</p>

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

Policy states WCJDC shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with such investigations from retaliation by other residents or staff. The PREA Coordinator shall monitor retaliation.

115.367 (b)

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

Policy states protection measures shall include, where appropriate: (1) Housing changes or transfers for resident victims or abusers; (2) Removal of alleged staff or resident abusers from contact with victims; and (3) emotional support services for residents or staff who fear retaliation.

The interview with the Director confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through housing changes for residents and co contact status or administrative leave for staff.

The Detention Supervisor/PREA Coordinator stated protective measures would include separation and housing changes.

115.367 (c)

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

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

The agency/facility acts promptly to remedy any such retaliation.

The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months: 0

Policy states for at least 90 days following a report of sexual abuse, the WCJDC shall monitor the conduct and 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.

The Detention Supervisor/PREA Coordinator is charged with monitoring retaliation. He stated monitoring conduct and treatment would continue until a retaliation has ended.

	<p>115.367 (d) Policy states WCJDC shall monitor for residents: disciplinary reports, housing or program changes and periodic status checks.</p> <p>The Detention Supervisor/PREA Coordinator stated things he looks for to detect possible retaliation includes reviewing the disposition of an individual and monitoring changes in behavior for potential retaliation.</p> <p>115.367 (e) Policy states WCJDC shall monitor for staff negative performance reviews or reassignments.</p> <p>Policy states if any other individual who cooperates with an investigation expresses a fear of retaliation, WCJDC shall take appropriate measures to protect that individual against retaliation.</p> <p>The Director stated if an individual who cooperates with an investigation expresses fear of retaliation, the detention center takes measures to protect the individual.</p> <p>115.367 (f) Policy states the obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) <p>Findings: PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p>

	<p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>Policy states any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of Prison Rape Elimination Act (PREA) Compliance Policy, Use of Screening section.</p> <p>The Detention Supervisor confirmed the facility does not use segregated housing in this manner.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. DCS Policy 14.3 Screening, Response Priority and Assignment of Child Protective Services Cases 5. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) 2. PREA Coordinator 3. Investigative Staff - DCS Investigator 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision): 115.371 (a) PAQ: The agency/facility has a policy related to criminal and administrative agency investigations. The PAQ indicates DYS uses the term internal inquiry in policy instead of investigation.</p> <p>WCJDC policy states local law enforcement and the Department of Children Services</p>

(DCS) handle the investigation involving youth in Tennessee. Staff is expected to cooperate with the investigation.

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

115.371 (b)

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

115.371 (c)

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

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

115.371 (d)

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

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

115.371 (e)

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

115.371 (f)

The DCS investigator confirmed she judges the credibility of an alleged victim, suspect, or witness based on evidence. She stated under no circumstance, does she

require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

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

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

115.371 (j)

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

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

115.371 (k)

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

115.371 (l)

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

115.371 (m)

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

WCJDC cooperates with the DCS investigators and remains informed about the

	<p>progress of investigations through TFACTS and contact with the investigator.</p> <p>The Detention Supervisor confirmed if an outside agency investigates allegations of sexual abuse, the facility remain informed of the progress of a sexual abuse investigation through contact with DCS and local law enforcement.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator - DCS Investigator <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>WCJDC and DCS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>DCS policy states a report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse, as defined in Tennessee Code Annotated 37-1-102 or 37-1-602.</p> <p>The interview with the DCS investigator confirmed the preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.373	Reporting to residents
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 371 1289 443">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 456 472 488">Documents:</p> <ol data-bbox="280 497 1477 654" style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. WCJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="280 689 459 721">Interviews:</p> <ol data-bbox="280 730 1043 851" style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) 2. Investigative Staff - DCS Investigator 3. Residents who Reported a Sexual Abuse <p data-bbox="280 887 660 918">Findings (by provision):</p> <p data-bbox="280 927 466 958">115.373 (a)</p> <p data-bbox="280 967 1449 1133">PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he 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.</p> <p data-bbox="280 1169 603 1200">In the past 12 months:</p> <ol data-bbox="280 1209 1477 1411" style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: N/A <p data-bbox="280 1447 1458 1608">Policy states following an investigation of a resident's allegation that he or she was sexually abused, the PREA Coordinator or his designee shall inform the resident whether the allegation was found to be substantiated, unsubstantiated or unfounded.</p> <p data-bbox="280 1644 1426 1765">The Detention Supervisor confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="280 1800 466 1832">115.373 (b)</p> <p data-bbox="280 1841 1458 1962">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.</p> <p data-bbox="280 1975 603 2007">In the past 12 months:</p> <ol data-bbox="280 2016 1458 2092" style="list-style-type: none"> 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0

1. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A

Policy states the WCJDC shall request relevant information from the investigative agency in order to inform the resident.

115.373 (c)

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

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

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

Policy states following a resident's allegation that a staff member sexually abused him, the PREA coordinator or his designee shall inform the resident (unless WCJDC has determined the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) WCJDC learns that the staff member has been indicted on a charge related to the sexual abuse allegation; or (4) WCJDC learns that the staff member has been convicted on a charge related to the sexual abuse allegation.

115.373 (d)

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

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

Policy states following a resident's allegation that he or she has been sexually abused by another resident, the PREA Coordinator or his designee shall subsequently inform the alleged victim whenever: (1) WCJDC learns that the alleged abuser has been indicted on a charge related to the sexual abuse allegation; or (2) WCJDC learns that the alleged abuser has been convicted on a charge related to the sexual abuse allegation.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this

	<p>standard are documented.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of notifications to residents that were made pursuant to this standard: 0 2. The number of those notifications that were documented: N/A <p>Policy states resident notifications or attempted notifications shall be documented.</p> <p>115.373 (f)</p> <p>An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>Policy states the obligation to report to the resident is terminated if the resident is released from WCJDC custody.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.376 (a)</p> <p>PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Policy states staff shall be subject to disciplinary action, up to and including termination, for violating WCJDC policies regarding sexual abuse and sexual harassment.</p> <p>115.376 (b)</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual

	<p>harassment policies: 0</p> <p>Policy states termination is the presumptive disciplinary sanction for a staff member who commits sexual abuse.</p> <p>115.376 (c) PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p>Policy states disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.376 (d) PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: Zero (0)</p> <p>Policy states all terminations for violations of sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated, if potentially criminal, shall be reported to law enforcement agencies and to any relevant licensing bodies as appropriate.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance

	<p>determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) <p>Findings (by provision):</p> <p>115.377 (a)</p> <p>PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Policy states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.377 (b)</p> <p>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>Policy states for violations of WCJDC sexual abuse and sexual harassment policies other than committing sexual abuse, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents.</p> <p>The Detention Supervisor stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would include prohibiting volunteers or contractors from further contact with residents pending an investigation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance
2. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Detention Supervisor)

Findings (by provision):

115.378 (a)

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

In the past 12 months:

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

Policy states residents shall be subject to formal disciplinary sanctions following an administrative or criminal finding that the resident sexually abused another resident.

115.378 (b)

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

In the past 12 months:

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

Policy states 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 of a resident, the resident shall not be denied daily large-muscle exercise or access to any legally 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,

WCJDC does not use isolation as a disciplinary sanction. The Detention Supervisor stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include and individual growth and change plan. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories.

115.378 (c)

When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

Policy states the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior in determining appropriate sanctions.

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

115.378 (d)

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

The Detention Supervisor confirmed counseling would be offered through the detention center's LPC or Mobile Crisis Services upon an administrative finding that a resident has engaged in resident-on-resident sexual abuse.

115.378 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

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

115.378 (f)

	<p>PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Policy states a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegations.</p> <p>115.378 (g)</p> <p>PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Policy states WCJDC prohibits all sexual activity between residents and may discipline residents for such activity but shall not deem such activity "sexual abuse" if the activity is not coerced.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. Contacted Medical Services: Southern Health Partners http://www.southernhealthpartners.com/ 2030 Hamilton Place Boulevard Chattanooga, TN 37421 (888) 231-2888 3. Mental Health Services: Mobile Crisis Services https://www.tn.gov/behavioral-health/need-help/crisis-services/mental-health-crisis-services/mobile-crisis-services.html 413 Spring Street Chattanooga, TN 37405 (800)704-2651 4. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

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

Findings (by provision):**115.381 (a)**

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: No disclosures of prior sexual victimization

Policy states if the screening indicates that a resident has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

If the screening indicates that a committed youth in a treatment or multi-purpose youth center has experienced prior victimization or has previously perpetrated sexual abuse, whether it occurred in a youth center or in the community, the behavioral health specialist shall assess the youth's need for support services during the initial assessment. Documentation of the follow-up meeting shall be placed in the electronic health record.

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

115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: No disclosures of previously perpetrated sexual abuse

Policy states if the screening indicates that a resident has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

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

115.381 (c)

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

Interviews with medical and mental health staff confirmed the information shared is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments.

115.381 (d)

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.

The interviews with medical and mental health staff confirmed they would obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. They confirmed informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.

Conclusion:

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

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment 3. Contacted Medical Services: Southern Health Partners http://www.southernhealthpartners.com/ 2030 Hamilton Place Boulevard Chattanooga, TN 37421 (888) 231-2888 4. Mental Health Services: Mobile Crisis Services

<https://www.tn.gov/behavioral-health/need-help/crisis-services/mental-health-crisis-services/mobile-crisis-services.html>

413 Spring Street

Chattanooga, TN 37405

(800)704-2651

5. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Staff
2. Residents who Reported a Sexual Abuse
3. Security Staff First Responders

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.382 (a)

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health 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.

Policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as indicated by medical and mental health practitioners.

The medical and mental health staff stated the nature and scope of these services would be determined according to their professional judgment and policy and procedure. The auditor contacted Williamson Medical Center and Our Kids Center. Services would be available to resident victims of sexual abuse at the facility.

115.382 (b)

PAQ: 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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders would follow the PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment. Staff First Responders confirmed they would protect the victim and immediately notify the appropriate medical and mental health practitioners.

115.382 (c)

	<p>PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy states resident victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Williamson Medical Center and Our Kids Center are equipped to provide services. Medical staff confirmed victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>115.382 (d)</p> <p>PAQ: Treatment services shall be 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.</p> <p>Policy states treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance

2. WCJDC Policy: PREA Plan for Coordinated Response to Allegations of Sexual Abuse and Sexual Harassment

3. WCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Staff
2. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.383 (a)

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Policy states WCJDC shall 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.

These services are available through the LPC, Mobile Crisis, Southern Health Partners, Williamson Medical Center, the Sexual Assault Center, Davis House Child Advocacy Center, and Our Kids.

115.383 (b)

Policy states the evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.

The medical and mental health staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. Medical staff interviewed confirmed victims are given timely information and access to all lawful pregnancy-related services if pregnancy results from sexual abuse while incarcerated.

115.383 (c)

The medical and mental health providers stated medical and mental health services are consistent with the community level of care.

115.383 (d)

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Policy states resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The Sexual Assault Center and Our Kids would provide information and treatment for possible pregnancy.

115.383 (e)

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

Policy states resident victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The Sexual Assault Center and Our Kids would provide information and treatment for possible pregnancy. The medical staff confirmed victims of sexual abuse would be offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (f)

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

Policy states resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The Sexual Assault Center and Our Kids would provide information and treatment for sexually transmitted infections and possible pregnancy. Medical staff confirmed victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)

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.

Policy states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

115.383 (h)

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

Policy states WCJDC shall 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.

The LPC confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing

	<p>medical and mental health care for sexual abuse victims and abusers. No corrective action is required.</p>
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<p>115.386</p>	<p>Sexual abuse incident reviews</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Detention Supervisor) 2. PREA Coordinator 3. Incident Review Team <p>Findings (by provision):</p> <p>115.386 (a)</p> <p>PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</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>Policy states a review team shall conduct a sexual abuse incident review within 30 days of the conclusion of a sexual abuse investigation, unless the allegation was determined to be unfounded.</p> <p>115.386 (b)</p> <p>PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p> <p>Policy states a review team shall conduct a sexual abuse incident review within 30 days of the conclusion of a sexual abuse investigation, unless the allegation was determined to be unfounded.</p> <p>115.386 (c)</p> <p>PAQ: The sexual abuse incident review team includes upper-level management</p>

officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy states the review team shall consist of the Assistant Director with input from investigators, medical staff, others with relevant knowledge, and the County Attorney, where appropriate.

The Detention Supervisor confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

115.386 (d)

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

Policy states the review team shall: (1) Consider whether there is a need to change a 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, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area of the facility to determine if physical barriers 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; and (6) Prepare a report of its findings, including and determinations.

The PREA Coordinator was interviewed as a member of the sexual abuse incident review team. He confirmed the team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (e)

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

Policy states any recommendations for improvement are submitted the Director of Juvenile Services and the PREA Coordinator. WCJDC shall implement the recommendations for improvement or shall document its reasons for not doing so.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse

	incident reviews. No corrective action is required.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. Survey of Sexual Victimization - Incident Form (Juvenile) - blank form 3. 2019 Survey of Sexual Victimization Locally or Privately-Operated Juvenile Facilities Summary 4. WCJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>Policy states WCJDC shall collect accurate, uniform information regarding every allegation of sexual abuse using a standardized instrument. (Survey of Sexual Victimization - Department of Justice)</p> <p>The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (b) PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>Policy states incident-based sexual abuse data shall be aggregated annually.</p> <p>The auditor reviewed the aggregated data from 2015-2020.</p> <p>115.387 (c) PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p>

	<p>115.387 (d) PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Policy states the WCJDC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.</p> <p>115.387 (e) PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.</p> <p>Williamson County Juvenile Detention Center is a is a single facility agency.</p> <p>115.387 (f) The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Williamson County Juvenile Detention Center reported to the U.S. Department of Justice Bureau of Justice Statistics in 2019 using the Survey of Sexual Victimization, State Juvenile Systems Summary Form.</p> <p>Policy states upon request, WCJDC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The auditor observed the 2019 Survey of Sexual Victimization, State Juvenile Systems Summary published on the detention center’s website.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. Annual Reports (2015-2020) https://www.williamsoncounty-tn.gov/1611/PREA 3. WCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p>

1. Agency Head (Director)
2. PREA Coordinator

Findings (by provision):

115.388 (a)

PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

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

Policy states WCJDC shall review the aggregated data to assess and improve its effectiveness in preventing, detecting and responding to sexual abuse by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis, and (3) Preparing an annual report of its findings and corrective actions.

Annual reports are published on the agency's website at:

<https://www.williamsoncounty-tn.gov/1611/PREA>. Reports are published for 2015 through 2020. The reports are inclusive of annual data comparison and corrective actions. The Director and PREA Coordinator confirmed the detention center reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision.

115.388 (b)

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

Policy states the report shall include a comparison of data from the current year to data from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the annual reports and determined they are inclusive of the standard provision. Tables and charts easily show the reader a comparison of the current year's data and corrective actions to those from prior years.

115.388 (c)

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

Policy states the report shall be approved by the Director and shall be made available on the WCJDC website.

The auditor observed the published annual reports at: <https://www.colorado.gov/pacific/cdhs/publications-reports>. The reports are approved by the Director.

	<p>115.388 (d) PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>Policy states where publication of certain information would present a clear and specific threat to the safety and security of a facility, such information may be redacted, but the nature of the redacted information must be indicated.</p> <p>The auditor reviewed the annual reports and observed no identifying information.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. WCJDC Policy: Prison Rape Elimination Act (PREA) Compliance 2. Annual Reports (2015-2020) https://www.williamsoncounty-tn.gov/1611/PREA 3. WCJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>The PREA Coordinator confirmed the detention center reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The detention center ensures that data collected is securely retained.</p> <p>115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>Aggregated sexual abuse data is readily available to the public at least annually through its website at https://www.williamsoncounty-tn.gov/1611/PREA. Reports are</p>

	<p>published for 2015-2020.</p> <p>The auditor reviewed published annual reports on the detention center’s website.</p> <p>115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p>115.389 (d) PAQ: The agency maintains sexual abuse data 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>Policy states data collected shall be securely retained for at least 10 years.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. WCJDC Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p>Findings: During the three-year period starting on August 20, 2013, and the current audit cycle, the Williamson County Juvenile Detention Center ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.</p> <p>The auditor was given access to, and the ability to observe, all areas of the Williamson County Juvenile Detention Center. The auditor was permitted to conduct</p>

	<p>private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. WCJDC Pre-Audit Questionnaire (PAQ) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p>Findings: All Williamson County Juvenile Detention Center PREA Audit Reports are published on the agency's website at: https://www.williamsoncounty-tn.gov/1611/PREA.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	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
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," ♦ or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	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
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	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?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342	Placement of residents	

(c)		
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately	yes

	forward resident reports of sexual abuse and sexual harassment to agency officials?	
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The	na

	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.)	
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist	na

	residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	na

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does	yes

	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?	
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	

	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's	yes

	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?	
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	

	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim,	yes

	suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371	Criminal and administrative agency investigations	

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

	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
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	

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

	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management	yes

	system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical	yes

	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?	
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383	Ongoing medical and mental health care for sexual abuse	

(h)	victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by	yes

	staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

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