

**PREA AUDIT REPORT**    **INTERIM**    **FINAL**  
**JUVENILE FACILITIES**

**Date of report:** June 27, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Jeff Rogers			
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<b>Telephone number:</b> 502-320-4769			
<b>Date of facility visit:</b> May 17-18, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Gateway to Independence			
<b>Facility physical address:</b> 4011 Stewarts Lane, Nashville, Tennessee 37218			
<b>Facility mailing address:</b> <i>(if different from above)</i> same			
<b>Facility telephone number:</b> 615-532-2000			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Darrell Pannell			
<b>Number of staff assigned to the facility in the last 12 months:</b> 94			
<b>Designed facility capacity:</b> 144			
<b>Current population of facility:</b> 29			
<b>Facility security levels/inmate custody levels:</b> medium secure			
<b>Age range of the population:</b> 13-19			
<b>Name of PREA Compliance Manager:</b> Lorraine Watch		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> lorraine.watch@tn.gov		<b>Telephone number:</b> 615-532-2069	
<b>Agency Information</b>			
<b>Name of agency:</b> Department of Children's Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> state			
<b>Physical address:</b> 315 Deaderick Street, USB Tower, 10 <sup>th</sup> floor, Nashville, Tennessee 37243			
<b>Mailing address:</b> <i>(if different from above)</i> same			
<b>Telephone number:</b> 615-741-9701			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bonnie Hammrich		<b>Title:</b> Commissioner	
<b>Email address:</b> bonnie.hammrich@tn.gov		<b>Telephone number:</b> 615-741-9701	
<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Gateway to Independence (GTI) Youth Development Center was conducted on June 14-15, 2016 by Jeff Rogers, from Frankfort, Kentucky who is a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. Documentation was also sent to the auditor that included examples of employee background checks, resident's risk assessments, PREA Acknowledgement Forms and staff and resident training documents. The review prompted several questions by the auditor that were sent via email to the Statewide PREA Coordinator and discussed on the telephone or email prior to the on-site audit. All concerns were addressed to the satisfaction of the auditor prior to his arrival. During the on-site audit, the auditor was provided a multipurpose room in the facility from which to work and conduct confidential interviews with facility staff, residents, and others. The auditor interviewed six (6) residents from the three housing units, two from each housing unit with varying lengths of stay. Seven (7) facility staff members were interviewed representing all shifts utilizing the DOJ provided Random Staff Questionnaire. Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections; generally and specifically, their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff were questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The following specialty staff questionnaires were utilized during this review including:

- The Agency Head Designee Debbie Miller Deputy Commissioner
- The Facility Director
- Agency PREA Coordinator
- PREA Compliance Manager
- Designated Staff Charged with Monitoring Retaliation
- Incident Review Team
- Staff that perform Screening For Risk or Victimization and Abusiveness (2)
- Intake Staff (2)
- Medical and Mental Health Staff (4)
- Administrative (Human Resources) Staff
- Intermediate or Higher Level Facility Staff (2)
- Staff First Responder
- Investigator from Internal Affairs
- Random Staff (7)

The auditor reviewed five (5) staff personnel records to determine compliance with training mandates and background check procedures. Case records of five (5) residents were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. The auditor also reviewed and read the only substantiated allegation investigation report. During the past 12 months there has been 28 allegations of sexual harassment or abuse. There was one substantiated abuse allegation by a staff member that was deemed not a PREA incident by the Child Protective Services office who screens all referrals of sexual abuse and harassment. The investigation by Internal Affairs substantiated the allegation as "psychological harm" not sexual abuse or harassment. All other allegations were recorded and reviewed by the auditor.

The auditor toured the facility escorted by the PREA Compliance Manager and observed among other things the facility configuration, location of cameras, staff supervision of residents, housing unit layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy ( residents shower one at a time). Notices of the PREA audit were posted throughout the facility in common areas on April 6, 2016.

It should be noted that the GTI will be moving to another location adjacent to the current facility that was formerly called Woodland Hills Youth Development Center. The new location is newer and is being renovated to accommodate the male youth who will be occupying the GTI. This building was formerly occupied by female youth. The new facility will be occupied by sometime in August of 2016. The auditor toured the new building with the PREA Compliance Manager, Lorraine Watch and Zachary Pounds who is an administrator with the Tennessee Division of Juvenile Justice and in charge of oversight for the new location. It's a state of the art building and is equipped with very good camera surveillance equipment. The current facility and grounds will be taken over by the military to operate a youth challenge program when the population is moved to the new building.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Gateway for Independence (GTI) Youth Development Center is located in Nashville, Tennessee in the northeast corridor of the city. It is a large campus with buildings spread throughout the 25 acres of land that the facility sets on. There are six buildings with a total of 106,000 square feet. The buildings house all operations needed to sustain the population including the gymnasium, two 24 bed and two 48 bed housing units, two softball fields, three basketball courts, and the core building which houses administrative offices, the school, the medical clinic, classification offices, the laundry and the kitchen/dining room. Also on the grounds are four state owned houses that are used for Internal Affairs, Training, and the Personnel Department. There are also vocational shops when the facility had a different name and these are no longer used. There is also a warehouse. There is another building used for visitation. All of the property is surrounded by a fifteen foot (15) first defense fence (curved inward at the top). It should be noted that all rooms for housing residents are single occupancy rooms. There are restrictive housing beds but are not used for PREA separation or isolation.

The site where GTI is located was built in 1911 and was called Spencer Youth Center. The current facility was renamed GTI recently to reflect its new mission to create an independent living environment for residents who are 17-19 primarily. While the designed capacity of GTI is 144 beds only a fraction of those beds are currently used. The population on June 14, 2016 was 29 male residents. In the past 12 months there has been an average daily census of 35.2 residents. Residents currently are housed in 12 person living units that have 2 showers each, bathroom facilities and washer/dryer combinations. When residents shower it is supervised by male staff and all other residents are placed in their own individual rooms to wait their turn. The showers have plastic covers to prevent exposing residents to the staff. Residents are required to be clothed when entering and disembarking from the shower.

The facility operates with three shifts of eight hours each. 6 a.m. to 2 p.m., 2 p.m. to 10:00 p.m. and 10 p.m. to 6 a.m. There is a shift supervisor that oversees all aspects of security including perimeter, outside recreation and movement, living areas and transportation services. Each living unit has a staff ratio of 1:6 during the day and evening shifts and a ratio of 1:12 ratio during the third shift from 10:00 p.m. to 6 a.m. There is a central control center that is staffed 24 hours each day. From this control center, staff can watch surveillance screens, open doors, and serves as the area where staff receive their radios and keys. There are 51 surveillance cameras throughout the facility. Concave mirrors are also utilized to augment staff supervision.

Mental health services are contracted through Vanderbilt University. Each resident is assigned a treatment team that consists of a multidisciplinary team of professionals at the facility including mental health staff, medical staff, teachers, counselors (who serves as the team leader) and other staff as needed dependent on the resident needs. In addition to contracted mental health services, the facility also contracts for psychological/psychiatric services, medical and dental staff, and sexual offender and victim services. Each resident's treatment plan takes approximately two weeks to develop and includes a psychological assessment, substance abuse evaluation, vocational assessment, speech/language evaluation, physical examination, a dental examination, a psychiatric evaluation and an educational assessment.

The facility has a school with ten academic classrooms, four vocational classrooms, four offices, and a library. While in school each classroom has security staff present. Classrooms do not have surveillance cameras. Residents are able to obtain their GED or high school diploma at the school. Staff at the school are state employees and meet all state department of education regulations including using the core curriculum used at all schools in Tennessee.

For students 17 and older there are on-campus jobs available. There is also an off campus work program with the Home Builders Program. These programs are designed to acclimate the residents to work and enhance a resident's chances of obtaining employment after release back to their home placement.

## SUMMARY OF AUDIT FINDINGS

Overall, the interviews of residents reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, residents are provided more comprehensive education on PREA that includes personal instruction in addition to a video that addresses PREA.

There are also PREA posters, guides, and pamphlets in English and Spanish to assist in educating residents about PREA. Residents indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Residents were able to articulate to the auditor what they would do and who they would tell if they were sexually abused or harassed. Residents reported they could tell a trusted staff member, a therapist, parent, file a grievance, or call the child abuse hotline telephone number. Residents consistently indicated to the auditor that they felt safe in the facility. Residents were also aware that outside services were available including counseling for sexual abuse and harassment.

There were 28 allegations that were PREA related. Eight allegations were for harassment and 20 were considered as abuse. Of the 8 harassment allegations all were either unfounded or unsubstantiated. Of the 20 sexual abuse allegations one was substantiated and the rest were either unfounded or unsubstantiated. The one substantiated allegation was screened out by the Child Abuse Hotline as not PREA related. However, Internal Affairs was called in by the PREA Coordinator and the Internal Affairs investigation determined that while it was not sexual harassment it was psychological abuse. There was no further action taken in this case. The staff member ( a teacher) acknowledged he made a comment that was crude and un-professional.

All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Additionally, staff were well trained on the PREA first responder's protocol for any PREA related allegation and could clearly articulate exactly the steps they would follow if they were the first responder to an incident.

In summary, after reviewing all pertinent information and after conducting resident and staff interviews, the auditor found that department and agency leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

This standard directs the agency to adopt a zero tolerance policy for sexual abuse and harassment.

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

#### Compliance Documents

Agency policy #18.8 titled PREA

Facility policy #18.81 titled PREA

Office of Juvenile Justice Organization Chart

Gateway to Independence Organization Chart

The Tennessee Department of Children's Services (DCS) has developed a policy that meets the requirements of this standard. The policy outlines the agency's commitment to prevent sexual abuse and harassment. The agency has adopted the definitions in 115.5 and 115.6 as part of this policy. The DCS has a statewide PREA Coordinator who has the time and authority to coordinate the agency's efforts at preventing sexual abuse and harassment. The statewide agency coordinator oversees three facility compliance managers including the manager at the GTI. She also has the time and authority to oversee the facility's efforts with PREA. Both positions are included in the agency and facility organization charts and are considered mid (facility person) to upper management positions (agency coordinator).

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

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

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

This standard directs the agency who has facilities for the housing of youth at other locations.

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

#### Compliance Documents

Five Contracts with Private Child Care Providers

The agency contracts for beds with a variety of private providers. Each contract has a clause that includes the language outlining the providers responsibility to adopt and comply with PREA standards. The PREA Coordinator conducts a PREA review at each facility at least annually and produces

a report of the monitoring activities.

### Standard 115.313 Supervision and monitoring

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

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

This standard directs the facility in how it monitors and supervises residents.

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

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

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances. Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

#### Compliance Documents

Facility policy 27.24.1 titled Inspections of Living Units and Activity Areas in Youth Development Centers

GTI Staffing Plan

Unannounced rounds recordings

GTI Annual Staffing Assessment

The auditor interviewed the Superintendent who spoke at length about the factors it takes to develop the staffing plan. Each of the standard's 11 requirements of this standard is taken into consideration when planning and developing the staffing plan. There has not been any deviation from the plan. Staff are required to remain on shift until relieved, thus some staff will work 16 hour shifts when necessary. The use of video monitoring is used to augment staff supervision as are the use of concave mirrors in certain areas of the institution according to the Superintendent. The Superintendent said the staffing ratios are 1:6 in the first two shifts from 6:00 a.m. to 10:00 p.m. From 10:00 p.m. to 6:00 a.m. the staffing ratio is 1:12. Each shift has a Shift Supervisor that conducts unannounced rounds each shift and records these rounds in the shift log. Agency and facility policy outlines the requirements for unannounced rounds including prohibiting staff from alerting other staff of the unannounced round. The staffing plan is maintained in the Policy Manual and is reviewed officially at least quarterly. The Superintendent also reviews the plan daily. The facility has 51 surveillance cameras in use to allow

control center staff to monitor the activities of the facility. These cameras can record information for up to six months for investigative purposes.

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

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

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This standard directs the facility about how it treats transgendered and intersex residents in regards to cross-gender strip searches or cross-gender body cavity searches.

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The agency shall not conduct cross-gender pat-down searches except in exigent circumstances. The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined 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. The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

#### Compliance Documents

Agency policy 27.19 titled Search Procedures

Facility policy 27.19.1 titled Search Procedures

Agency policy 27.38 titled Youth Supervision

Agency policy 27.39 titled Use of Showers and Restrooms

Agency policy 20.20 titled Guidelines for Managing Youth in DCS custody to Sexual Orientation, Gender ID, and Expression

Staff Training Records

The facility staff conduct same sex searches of residents. While it is allowed for searching of the opposite gender in exigent circumstances there have been no instances when this has occurred. Random female staff interviews were conducted and no female had ever performed a pat down or any other type of search of males. Residents also said they had never been patted down by female staff. The residents also said that female staff do not observe them when they are showering or using the toilet and that female staff announce their presence when entering a living unit. Staff further stated that they are aware of the policy prohibiting searching a transgender or intersex resident for purposes of determining that residents genital status. Searches of all types are logged and documented. Staff are also trained in how to conduct searches of all types including transgender and intersex residents. The facility has not had any transgender or intersex residents.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard directs the facility to ensure that residents who are limited English proficient and residents with disabilities be afforded the same equal opportunities to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse or harassment.

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

Compliance Documents  
Agency policy 18.8 titled PREA  
Facility agreement for translation services  
Posters in English and Spanish  
Client Rights Handbook

Random staff interviews revealed their awareness of the contract for translation services including sign language. The facility does not allow the use of residents for translations. Posters, handbooks, and pamphlets are developed for English and Spanish versions that outline the facility's efforts at preventing sexual abuse or harassment. If a resident has a disability that prevents their ability to read the information a special education teacher is utilized to read it to them.

### **Standard 115.317 Hiring and promotion decisions**

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

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The standard directs the facility in hiring and promotional practices in regards to PREA.

The agency 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—

- (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.

The agency shall 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. Before hiring new employees who may have contact with residents, the agency shall:

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

The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents. The agency shall 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.

Compliance Documents

- Staff background checks (5) records reviewed
- Tennessee Felony check documents
- Methamphetamine checks
- National Sex Offender records checks
- Department of Health Abuse Registry checks
- Agency polkicy 4.9 titled Employee Disciplinary Actions

The Tennessee Department of Children's Services conducts background and other types of criminal and sex registry checks annually surpassing the standard's requirements. All staff, contractors, and volunteers have completed background and other related checks before they are hired. The agency's disciplinary policy also addresses what will happen if a check comes back positive for some type of behavior or actions that will result in that person being fired or not being hired in the first place. The Human Resources staff person interviewed confirmed how each potential employee is screened before hiring and confirmed that if an employee was discovered to have been involved in any criminal activity mentioned in the standard that employee would be terminated.

**Standard 115.318 Upgrades to facilities and technologies**

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

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This standard directs the facility when considering upgrades to its facility or technologies.

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

There has been no major renovation or construction at the GTI's present location. However, the facility will be moving in August of 2016 to another location on adjacent grounds that was formerly a girls facility. The Deputy Commissioner of the Department said that they have worked with the contractor to determine the best use of adding monitoring equipment and other improvements to enhance the agency's ability to protect residents from abuse. The auditor toured the new facility and found that cameras are strategically located to enhance safety and that the overall facility design is created to minimize blind spots.

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

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

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

This standard directs the facility's evidence protocol and forensic medical examinations as it relates to PREA.

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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. The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The requirements of this section shall also apply to:

- (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

For the purposes of this standard, a qualified agency staff member or a qualified community based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

#### Compliance Documents

Agency policy 14.25 titled Special Child Protection Services Investigations

MOU between DCS and the Tennessee Children's Advocacy Center and the Sexual Assault Center

Agency policy 18.8 titled PREA

The DCS has an agreement with the Tennessee Children's Advocacy Center and the Sexual Assault Center to provide support and therapy for any victim of sexual assault at the GTI. If SANE or SAFE services are needed to conduct an examination this is accomplished at either the Meharry or Vanderbilt Hospital emergency rooms in Nashville. When an allegation of sexual abuse occurs, the Superintendent will notify the DCS Hotline who will assign a referral number. At this point the DCS determines if the allegation is a PREA case and if it appears sexual abuse did occur, the Special Investigation Unit within DCS will investigate the incident. If the case does not meet the criteria of sexual abuse the case will then be forwarded to the Internal Affairs Office within DCS who will send in a trained investigator to conduct an administrative investigation. Any services provided to a resident who has been sexually assaulted is done so at no cost to the victim or his family.

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

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

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

This standard directs the facility's efforts at referring allegations for investigations to an appropriate investigatory agency for all sexual abuse or harassment allegations.

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in

place a policy governing the conduct of such investigations. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

#### Compliance Documents

Agency policy 14.25 titled Special Child Protective Services Investigations

Agency policy 18.8 titled PREA

When an allegation of sexual abuse occurs, the Superintendent will notify the DCS Hotline who will assign a referral number. At this point the DCS determines if the allegation is a PREA case and if it appears sexual abuse did occur, the Special Investigation Unit within DCS will investigate the incident. If the case does not meet the criteria of sexual abuse the case will then be forwarded to the Internal Affairs Office within DCS who will send in a trained investigator to conduct an administrative investigation. If the abuse investigation conducted by the Special Investigation Unit (SIU) is determined to be criminal in nature, the case is forwarded to the local prosecutor for action. The conduct of investigations is outlined in policy 14.25 and 18.8. A report is issued for all findings of investigations whether its abuse or harassment.

### Standard 115.331 Employee training

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

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

This standard directs the facility in its efforts to train all facility staff in the PREA requirements.

The agency shall train all employees who may have contact with residents on:

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

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

#### Compliance Documents

Training Curriculum

Agency policy 5.2 titled Staff Development and Training Requirements

Agency policy 18.8 titled PREA page 7-9

First Responder Training

Training Records

Superintendent Statement

The facility staff have all been trained in the requirements of this standard. In addition to training records the Superintendent of the facility verified in writing that all staff had been trained in the PREA requirements. Interviews with random staff indicated their knowledge of the PREA requirements and

during those interviews were able to articulate that they had been trained in the eleven elements of this standard. A review of training records showed that PREA training has been received by staff. PREA Training is done annually. The training policy requires all juvenile justice and YDC staff be trained within 90 days of hire and annually thereafter.

### Standard 115.332 Volunteer and contractor training

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

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

This standard directs an agency's efforts to train volunteers and contractors in the PREA requirement.

The agency shall ensure 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. 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. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

#### Compliance Documents

Agency policy 5.2 titled Staff Development and Training

Agency policy 18.8 titled PREA

The agency's policies on training and staff development require all volunteers and contractors to be trained in the requirements of PREA based on the type of contact with residents. Each volunteer and contractor sign a form acknowledging their understanding and knowledge of the training received. The auditor viewed samples of volunteers and contractors acknowledgement of this training.

### Standard 115.333 Resident education

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

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

This standard directs the facility to provide during the intake process for a resident that residents receive information regarding the facility's zero tolerance policy about sexual abuse and harassment and how to report sexual abuse and harassment.

During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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. 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. The agency shall maintain documentation of resident participation in these education sessions. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

#### Compliance Documents

Agency policy 18.8 titled PREA

PREA Brochures "Helping Yourself Heal" and "Step up-Speak Out"

PREA Video

CS-0939 Acknowledgement Form samples

Youth Handbook

Resident PREA training records

Residents are given PREA information during the intake process on the first day of arrival according to interviews with random residents. Each resident signs an acknowledgement form indicating their understanding of the PREA information. Each resident also receives a handbook outlining the PREA information and how to report allegations. The handbook also contains the phone number for reporting to the PREA Hotline and other ways to report allegations of sexual abuse or harassment including through parents, staff, or through the grievance process. This information is also given to residents who are limited English proficient or have other disabilities such as the hard of hearing or visually impaired. There are PREA information posters spread throughout the campus and residents are also given PREA brochures. Each resident also views a PREA Video and signs an acknowledgement form stating that the resident understands the contents of the video. This is shown to residents within 10 days of intake.

### Standard 115.334 Specialized training: Investigations

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

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

This standard directs the training requirements for investigators.

In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

#### Compliance Documents

Agency policy 15.2

Training Records

PREA Power Point Presentation for Investigators

Training Documents for Investigators Interviewing Techniques

Agency policy requires all investigators to go through PREA Training for Investigators. In addition Investigators are required to attend PREA Training designed for all employees. The auditor interviewed one investigator who conducts administrative investigation and works for Internal Affairs in the DCS. She described the training for Investigators to include techniques for interviewing juvenile sexual abuse victims, use of Miranda and Garrity Warnings, Sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate an administrative or criminal investigation. Training records for Investigators were reviewed by the auditor and found to be in compliance with the standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

This standard directs the facility to have each medical and mental health staff member go through additional specialized training beyond that given to all employees.

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner’s status at the agency.

Compliance Documents

- Agency policy 18.8 titled PREA pages 1, and 8-9
- First Responder Training for Medical and Mental Health staff
- Training records
- PREA Training for Healthcare Providers

The auditor interviewed four medical/mental health staff members. Each staff person was able of articulate the training topics including how to detect signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and how to report allegations or suspicions of sexual abuse and harassment. Training records reviewed indicate the training was received. Medical and mental health staff also receive the training required of all employees standard 115.331 and for contracted employees they receive the training as required of standard 115.332.

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

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

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

This standard directs the facility's effort at gathering information within 72 hours of intake and periodically thereafter during confinement.

Within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Such assessments shall be conducted using an objective screening instrument.

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

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;

- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Compliance Documents

Agency policy 18.8 titled PREA pages 1-2

Risk Assessments of residents

In addition to the compliance documents listed above, the auditor interviewed the two staff members responsible for the intake process and completing the objective risk assessment. Each said the intake is completed within the first 24 hours of arrival. Resident interviews confirmed this as well. Information from each of the eleven requirements of this standard are recorded on the risk assessment instruments. Information collected during the intake process is ascertained by asking the residents questions and filling in the blanks on the assessment forms. Medical and mental health staff also contribute to the risk assessment after they have completed their medical and mental health assessments. Each risk assessment is scored and decisions are made by the staff as to housing and other programming needs. Information about the risk assessment and its content is restricted to those with a need to know (mostly treatment team members). The information is stored electronically and is password protected.

**Standard 115.342 Use of screening information**

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

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

This standard sets forth guidelines for the use of screening information that is used in making housing, programming, bed, education, and work assignments.

The agency shall use all information obtained pursuant to § 115.341 and subsequently make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. 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, agencies shall not deny residents 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. 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 abusive. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider 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. 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. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: The basis for the facility's concern for the resident's safety; and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each resident described in this standard a review to determine whether there is a continuing need for separation from the general population.

Compliance Documents

Agency Policy 18.8 titled PREA page 2

Agency policy 27.40 titled Youth Belief of Physical Danger pages 1-2

Agency policy 25.5 titled Use of Confinement page 4

Agency policy 20.20 titled Guidelines for Managing related to Sexual Orientation, Gender I.D., and Expression page 2

The following is the criteria on how specific room placement is determined in each housing unit:

Rooms 11-12 will be for youth identified as perpetrators that will allow closer observation

Rooms 8-10 will be utilized as regular/general population rooms

Rooms 4-7 will be for youth identified as at risk youth that will allow closer observation

Rooms 1-3 will be for youth on the highest level in order to be closest to the reward rooms.

The basis for these room assignments is based on the risk assessments completed for each resident. The Superintendent said that isolation is not utilized to protect the resident from sexual abuse but a safety plan is put into effect immediately. This generally means placing a resident near staff at all times to allow close observation should the need arise. The agency has in place policy and procedures for keeping transgender and intersex resident's safe and allowing for showers to be taken separately from other residents. These policies also allow the resident's own view to his safety be taken into consideration in deciding housing assignments and will be reviewed at least twice each year. The agency will decide on a case-by-case basis the determination as to where to place a transgender or intersex residents and will take into consideration his/her safety and whether the placement will cause management or security problems.

To date there has been no transgender or intersex youth assigned to this facility.

### Standard 115.351 Resident reporting

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

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

This standard directs the facility's on how residents are allowed to report sexual abuse and harassment.

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency shall also provide 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 and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. 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. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The facility shall provide residents with access to tools necessary to make a written report. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

#### Compliance Documents

Mou between DCS, The Tennessee Children's Advocacy Center and the Sexual Assault Center

Resident Handbook page 4-5

Agency policy 18.8 titled PREA pages 2-3

Agency policy 24.5 titled Youth Grievance/Emergency Grievance page 4

Information for the Immigration Office In Tennessee

Tennessee Code 37-1-403 and 37-1-605 Duty To Report Requirements page 4

The agency provides multiple ways for a resident to report an allegation of sexual abuse or harassment. Each resident interviewed knew who to contact and identified the Superintendent, a trusted staff member, a parent or friend, call the PREA Hotline, or file a grievance as a way to report an allegation. The hotline number and agencies offering support are posted throughout the facility and is also located in the resident handbook. Random staff interviews also confirmed that staff know how to privately report allegations of sexual abuse or harassment. The facility offers the residents access to the tools necessary to report sexual abuse or harassment. There have been no civil immigration residents at the facility. Staff also knew that residents could report to them verbally, in writing, anonymously, and from third parties and that they are required to report this immediately.

### Standard 115.352 Exhaustion of administrative remedies

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

relevant review period)

Does Not Meet Standard (requires corrective action)

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

This standard directs the facility's efforts in how residents may use the grievance system for PREA allegations.

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The agency shall 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, and such grievance is not referred to a staff member who is the subject of the complaint. The agency shall 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 shall not include time consumed by residents in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

#### Compliance Documents

Agency policy 24.5 titled Youth Grievance Procedure

Resident Handbook

Agency policy 18.8 titled PREA pages 2-3

The agency's grievance policy outlines the grievance process including all time frames referenced in this standard. The facility has locked boxes for grievance submittals by residents. These are checked daily by the grievance clerk excluding weekends. All grievances are logged in when received. The policy also covers emergency grievance procedures that require the grievance of sexual abuse to be immediately investigated and acted upon within five days with a decision which is then reported to the resident. There is no time limit on when a sexual abuse allegation can be submitted. The policy also allows a disciplinary consequence if the grievance was filed in bad faith. The policy ensures that a resident does not have to submit the grievance to a staff member who is the subject of the complaint. To date there has been no grievances filed by a resident or by a parent or guardian.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard directs the facility's effort at providing residents with access to support services and legal representation.

The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The facility shall 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. The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Compliance Documents

Brochure titled "Helping Yourself Heal"

MOU Between DCS and the Sexual Assault Center

Resident Handbook

Agency policy 24.12 titled Access to Legal Counsel page 2

Agency policy 26.1 titled Youth Correspondence page 2

Agency policy 26.2 titled Visitation

Agency policy 26.3 titled Telephone Privileges page 1

Form CS-0318 to Request Legal Counsel

The agency maintains an MOU with the Sexual Assault Center to provide emotional support to victims of sexual assault, including the SANE examination and afterwards as long as the victim requests help and at no charge. The resident handbook and brochures contain the names, telephone numbers and addresses of the Sexual Assault Center. During the resident interviews residents articulated to the auditor they were aware that emotional support was available to them if needed. They also knew of the telephone numbers and addresses of this provider. The agency policies related to visitation and access to legal counsel ensure a resident has access to parents, legal guardians and their attorney.

### Standard 115.354 Third-party reporting

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

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

This standard requires the facility to establish a third party reporting mechanism for sexual abuse or harassment.

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Compliance Documents

PREA Brochures

Tennessee Child Abuse Hotline

All reports of child abuse or harassment can be made by a third party to the Tennessee Child Abuse Hotline at 877-237-0004. The auditor verified this information by calling the telephone number listed here. If a report is made via the hotline it will be assigned a referral number and a determination will be made as to whether it qualifies as a PREA Abuse complaint. If the case is PREA related it is then forwarded to the DCS Special Investigations Unit for investigation. If the complaint is harassment then the case would be referred to the DCS Internal Affairs Office for investigation as an administrative allegation.

### Standard 115.361 Staff and agency reporting duties

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

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

This standard requires the facility regarding staff and facility reporting duties.

The agency shall 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; 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. The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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. Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to the first paragraph of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. 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 facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

#### Compliance Documents

Agency policy 18.8 titled PREA page 4

Public Law 37-1-403 and 37-1-605 titled Mandatory Reporting Law

The agency policy details how the agency/facility complies with this standard. It requires all staff to immediately report any allegation of sexual abuse or harassment to the Child Abuse Hotline. This also is true for any anonymous reports, and third party reports. The Superintendent said that he is required to report the allegation to the DCS hotline and Internal Affairs, Special Investigations Unit, and the Deputy Commissioner. When the investigation is complete on any allegation the resident's family or court are notified within 24 hours, but no later than 14 days after the allegation is reported. Interviews with random staff revealed their awareness of reporting sexual abuse or harassment allegations to their immediate supervisor or if retaliation or neglect of responsibilities led to an abuse or harassment situation. Policy prohibits staff from revealing information related to a sexual abuse or harassment allegation. Medical and mental health staff was also aware of how to report any allegations or suspicions of sexual abuse or harassment to their immediate supervisor. As with all staff, notification follows the chain of command. Medical and mental health staff also said they inform each resident of their duty to report and the limitations of confidentiality.

### Standard 115.362 Agency protection duties

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

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

This standard addresses the agency's protection duties.

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

#### Compliance Documents

Agency policy 27.40 titled Youth Belief of Physical Danger

Agency Policy 14.3 titled Screening, Priority Response and Assignment

Resident Handbook

The Superintendent said that when staff learns a resident may be at substantial risk of sexual abuse, they are expected to respond immediately to the risk and protect the potential victim. Staff interviews also acknowledged knowing to separate the victim from any potential danger immediately. The Superintendent further said a safety plan is initiated that outlines what needs to occur to make the resident safe from harm. The agency policy allows any resident to report to any staff member if he feels in imminent risk of being sexually abused. Resident interviews also confirmed that are aware of reporting to staff if they feel threatened by another resident or staff.

### Standard 115.363 Reporting to other confinement facilities

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

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

This standard directs the facility to report any allegations received from a resident that may have occurred at another confinement facility.

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

#### Compliance Documents

Agency policy 18.8 titled PREA page 2

Agency policy 14.25 Special Investigations Unit

The Superintendent said there has been no reports from another facility or agency of a resident being sexually abused while confined at another facility. He also said he treats it like any other allegation and would report it the DCS hotline as soon as possible after learning of the allegation.

### Standard 115.364 Staff first responder duties

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

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

## corrective actions taken by the facility.

This standard directs the facility's first responder's actions.

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 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, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 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, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security 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 security staff.

### Compliance Documents

Protocol For First Responders Supplemental to Agency policy 18,8 titled PREA

Agency policy 18.8 titled PREA

All random staff interviewed said they were aware to separate the victim and the perpetrator immediately and move the parties to a location where the victim is safe. The agency has developed a First Responder Protocol. Each staff has also been issued wallet sized cards to put in their wallets or attached to a lanyard around their neck. These wallet cards inform staff what to do in the event they are a first responder. To date there has been no staff to act as a First Responder because there has been no staff who have witnessed a sexual abuse situation. There has been no substantiated sexual abuse in the last 12 months. Each staff member interviewed knew to separate the victim and abuser, preserve the scene of the incident, instruct both parties of the abuse not to destroy any physical evidence, not to shower, brush their teeth, changing clothes or using the toilet in any way, and to not eat or drink anything

## Standard 115.365 Coordinated response

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

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

This standard directs the facility to have a coordinated response plan for sexual abuse.

The facility shall develop 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.

### Compliance Documents

Agency policy 18.8 titled PREA

Facility policy 18.8.1 titled PREA

Agency Protocol for a Coordinated Response to Sexual Abuse

The agency/facility has developed a protocol to use in the event of a sexual abuse situation. It thoroughly explains to staff how each staff person involved including medical and mental health is to respond to the incident. The Superintendent said that first responders are required to report the incident to the Child Abuse Hotline, then get statements from the victim and abuser, view any available video footage of the scene, contact the medical and mental health providers and then coordinate their actions with investigators and facility management personnel.

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

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

Does Not Meet Standard (requires corrective action)

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

This standard directs the agency's use of union agreements.

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this standard shall restrict the entering into or renewal of agreements that govern: The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated

Compliance Documents  
None

The Tennessee Department of Children's Services does not utilize unions for its staff according to the DCS Deputy Commissioner therefore this standard is Non-Applicable.

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

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

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

This standard directs the facility in its effort to protect residents and staff from retaliation.

The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation. 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. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Compliance Documents  
Agency policy 18.8 titled PREA pages 4-5

The agency PREA policy is in compliance with this standard. It requires all staff to report any suspected retaliation against residents or other staff to the Superintendent or designee immediately upon learning of the situation. The PREA Compliance Manager maintains a log of suspected retaliation involving residents or staff. The PREA Compliance Manager said she does periodic checks every 30 days for as long as the situation presents itself even beyond 90 days. The Superintendent said that if staff are involved in retaliation he issues a cease order to that staff to stop any suspected retaliation. The staff member will also be moved from the supervision of the victim until an investigation determines the retaliation is occurring or not. Depending on the outcome of the investigation disciplinary action up to termination can occur. If the retaliation is happening to a resident, the PREA Compliance Manager will interview the victim and also look for increased signs of retaliation such as disciplinary right ups. A victim can also be moved to another housing unit or in extreme cases moved to another facility. The Superintendent also said a safety plan is developed and implemented for the victim to eliminate

retaliation.

### Standard 115.368 Post-allegation protective custody

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

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

This standard directs the agency's efforts when utilizing segregated housing.

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

Compliance Documents

Agency policy 27.40 titled Youth Belief in Danger

While the agency policy allows the use of segregation it does not do so for victims of sexual abuse according the Superintendent. If there was ever an occurrence of using the segregated housing it would because there was no other less restrictive housing available at the time. There has been occurrence of using segregation in the past 12 months.

### Standard 115.371 Criminal and administrative agency investigations

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

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

This standard directs the facility in regards to administrative and criminal investigations.

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The agency shall not terminate an investigation solely because the source of the allegation recants the allegation. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations: Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The agency shall retain all written reports 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. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Compliance Documents

Agency policy 14.3 titled Assignment of Child Protective Services Investigations pages 1-3

Agency policy 14.25 titled Special Investigations Unit

Agency policy 14.6 titled Child Proective Investigation Team

The agency has a PREA policy that requires that all sexual abuse and harassment allegations are reported promptly and are investigated thoroughly whether the allegation came from a third party, anonymously, or by agency staff. Each investigator has been trained in how to investigate sexual abuse or harassment in confinement settings. The training was conducted by the Tennessee Bureau of Investigaiton and is recorded on staff training records which were reviewed. After a call has been made to the DCS Hotline, a referral number is assigned to the case and a determination is made as to whether the allegation was sexual abuse or harassment. If sexual abuse was determined then the Special Investigations Unit is assigned the case for investigation. If not deemed to be sexual abuse, then the case is assigned to the DCS Internal Affairs Office for an administrative investigation. The auditor interviewed an Internal Affairs Investigator as part of this audit. She spoke to how her office investigates allegations from interviewing the parties to the case including witnesses to viewing any video tape footage, reading any incident reports, contacting medical and mental health staff and any other staff involved in the case. She also said she bases her decisions on the merits of the case and that a preponderance of the evidence is used to substantiate a case. She also said she does not do polygraph examination unless ordered to do so by supervisor and then only with the resident's consent. The Superintendent stays informed of the investigation through telephone calls, or emails and receives the completed investigation report. The agency policy indicates that whether the allegation is recanted it is still investigated and that if either the victim or abuser leaves the facility the investigation is continued.

**Standard 115.372 Evidentiary standard for administrative investigations**

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

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

This standard is related to the evidentiary standard used for administrative investigations.

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Compliance Documents

Agency policy 14.25 titled Special Child Protective Services Investigation

Agency policy 18.8 titled PREA

Agency policy requires preponderance of the evidence to substantiate a case of sexual abuse or harassment. This was also confirmed by the investigator that was interviewed.

**Standard 115.373 Reporting to residents**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

**must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard establishes the reporting process relating to the outcome of an investigation.

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Compliance Documents

Agency policy 14.25 titled Special Child Protective Services Investigations

Agency policy 18.8 titled PREA

Facility policy 18.8.1 titled PREA

Examples of resident notifications

There has been no substantiated sexual abuse cases at the GTI during the past 12 months. If a case is substantiated, agency policy guides the staff at GTI to inform the resident of the outcome of the investigation. The Superintendent said he stays in touch with agency investigators as to the progress of any investigation. If a staff member is involved that person would be moved off the resident's housing unit until the case is investigated and if found to be substantiated then the resident will be informed when the staff person no longer works at the GTI or in the resident's housing unit. If it is a resident on resident sexual abuse the victim is kept informed when the abuser is indicted on sexual abuse or when the abuser is convicted of a sex related crime. The PREA Compliance Manager keeps residents informed of the outcome of all investigations whether substantiated or not.

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

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

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

This standard directs the facility's efforts at disciplining staff who have violated the requirements of the PREA.

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Documents

Agency policy 4.9 titled Employee Disciplinary Actions

Agency Staff PREA Acknowledgement Form CS 0940

Examples of signed Acknowledgement Forms

The Agency Employee Disciplinary Action Policy outlines the sanctions available if a staff person violates the agency's sexual abuse and harassment policy. This includes termination if the employee engaged in sexual activity with a resident. If the staff person was not involved in sexual activity with a

resident then the sanctions are levied based on the nature and circumstances of the activity, the staff member's disciplinary history, and comparable sanctions against other staff with similar histories. If the staff is terminated, law enforcement is informed of this unless the activity was clearly not criminal.

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

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

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

This standard provides guidance to the facility as it relates to disciplinary sanctions against a contractor or volunteer.

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider 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.

#### Compliance Documents

Agency policy 14.6 titled Child Abuse Investigation Team

Agency policy 18.8 titled PREA

Volunteer Signed PREA Acknowledgement Forms

There has been no volunteers or contractors who have engaged in sexual activity with residents in the past 12 months (and longer). Each volunteer or contractor is trained in PREA and also signs an acknowledgement form indicating their understanding of PREA and that the person has not been involved in any type of sexual abuse or harassment activities elsewhere. The agency has policy in place that guides the facility staff if a situation of sexual abuse or harassment occurs involving a volunteer or contractor.

### **Standard 115.378 Disciplinary sanctions for residents**

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

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

This standard directs the facility's disciplinary sanctions against residents for violation of sexual abuse or harassment of staff or a resident.

A resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident 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. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or

her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Compliance Documents

- Agency policy 24.5 titled Youth Grievance Process
- Agency policy 25.2 titled Disciplinary Report
- Agency policy 25.4 titled Disciplinary Guidelines
- Resident Handbook

There has been no resident on resident allegations of sexual abuse at the GTI in the past 12 months (and longer). The agency policy guides facility staff in the administration of this standard should there be a case of resident on resident sexual abuse. Each aspect of this standard is covered in agency policy.

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

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

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

This standard directs the facility in regards to conducting medical and mental health screenings and history of sex 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, 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 pursuant to § 115.341 indicates that a resident 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 mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Compliance Documents

- Agency policy 18.8 titled PREA page 2
- Facility Health Screening Examples

Agency policy and standard 115.341 requires a health/mental health screening be completed for each resident. The medical/mental health providers at the facility said that they inquire into past victimization/abusiveness that occurred in the community or confinement facilities. If the screening indicates past victimization or being an abuser a follow up meeting with mental health staff is offered to the residents within 14 days. Information about a residents past victimization or abusiveness is confidential and only shared with treatment team members. The medical and mental health staff said they obtain informed consent for each resident at the GTI.

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

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

relevant review period)

Does Not Meet Standard (requires corrective action)

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

This standard directs the facility in providing access to emergency medical and mental health services.

Resident victims of sexual abuse shall 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. 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. Resident victims of sexual abuse while incarcerated shall be 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. 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.

Compliance Documents

MOU with the Sexual Assault Center (SAC)

SAC Brochure

Agency policy 18.8 titled PREA

First Responder Guidelines

Interviews with medical and mental health staff confirmed that their professional judgement and policy guides their decision making process if sexual abuse occurs. These staff also said that sexually transmitted infections prophylaxis is offered to any resident if the need was to arise. If a first responder is the first on the scene one of the first requirements of the first responder is to contact medical staff and if not immediately available, the first responder will render assistance and protection to the victim of the abuse. If any services are provided to the victim, it is at no cost to the victim according to agency policy.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

This standard directs the facility's ongoing medical and mental health care for sexual abuse victims and abusers.

The facility 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. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from conduct specified in this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. 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. The facility 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.

Compliance Documents

Agency policy 18.8 titled PREA

Agency policy 18.13 titled Assessment of IPP Goals

PREA Audit Report

According to medical and mental health staff interviews, victims of sexual abuse are offered medical and mental health evaluations for all residents victimized by sexual abuse. This evaluation according to these staff, include offering follow-up services as needed, treatment plans and if necessary continued care is provided in the community after the resident's release from custody. The medical and mental health staff said they provide the same level of care as is offered in the community. According to interviews and agency policy resident victims of sexual abuse are offered tests for sexually transmitted infections. These services are provided at no cost to the victim. All medical costs are paid for through the Tenn Care program (Medicaid) in Tennessee which pays for all resident health care costs. The mental health staff also said that a mental health evaluation is offered to resident-on-resident abusers within 60 days of learning of the abuse history if deemed necessary by mental health practitioners.

### Standard 115.386 Sexual abuse incident reviews

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

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

This standard directs the facility's efforts at reviewing any sexual abuse incident that occurred at the facility.

The facility shall 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Compliance Documents  
Agency policy 18.8 titled PREA  
SART Team Members  
Facility policy 18.8.1 titled PREA

According to the Superintendent a Sexual Assault Response Team is convened to review any substantiated or unsubstantiated allegation of sexual assault. He also said the team looks at the a variety of factors including: the need to change or alter any existing policy; consider whether the incident was motivated by race, ethnicity, gender identity status or perceived status or gang activities; access the staffing levels in that area; and access whether monitoring technology should be deployed or augmented to supplement supervision by staff. The team is composed of members of the facility staff as well as professional staff from outside of the facility. A report is generated for each such review within 30 days after the findings of the investigations.

### Standard 115.387 Data collection

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

This standard guides the agency in its data collection efforts.

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. The agency shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Compliance Documents  
Agency policy 18.8 titled PREA page 10  
Survey of Sexual Victimization example

The agency has a PREA Coordinator who collects and maintains the data from DCS facilities for all sexual abuse and harassment allegations and findings. According to the PREA Coordinator she also collects data from all contracted facilities who house DCS youth. She also aggregates this data annually and prepares a report of its data related to PREA by June 30 of each year. This report is posted to the agency’s website. The agency utilizes the data from the Survey of Sexual Violence that is reported annually to the DOJ in the preparation of its annual report.

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

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

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

This standard directs the facility efforts at reviewing data for corrective action.

The agency shall 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: Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. The agency’s report shall be 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. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Compliance Documents  
Agency policy 18.8 titled PREA page 10  
DCS Annual Report

The PREA Coordinator completes an annual report that is approved by the Deputy Commissioner of the Office of Juvenile Justice and the Commissioner of DCS before it is published according to the Deputy Commissioner. The reports includes identifying problem areas and taking corrective action as needed at the facility level and the agency. The annual report is published on the agency’s website at [www.tn.gov/dcs/topic/prison rape elimination act](http://www.tn.gov/dcs/topic/prison rape elimination act)

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

This standard directs the facility in its efforts to comply with data storage, publication, and destruction of records related to PREA.

The agency shall ensure that data collected pursuant to § 115.387 are securely retained. The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Compliance Documents  
Agency policy 18.8 titled PREA page 11  
Agency Annual PREA Report

The agency policy requires that the data used for the PREA Annual Report be securely retained either behind a locked file cabinet or in a secure data base that is password protected. The policy also requires the retention of PREA data for at least ten years. According to the PREA Coordinator and the PREA Auditor all personal identifiers are removed from any data report published.

**AUDITOR CERTIFICATION**

I certify that:

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

Jeff Rogers

June 27, 2016

Auditor Signature

Date