

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

**Date of report:** July 6, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Latham			
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<b>Date of facility visit:</b> May 25-26, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Mountain View Youth Development Center			
<b>Facility physical address:</b> 809 Pearl Lane, Dandridge, Tennessee 37725			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (865) 397-0174			
<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> Lisa L. Earls			
<b>Number of staff assigned to the facility in the last 12 months:</b> 109			
<b>Designed facility capacity:</b> 144			
<b>Current population of facility:</b> 31			
<b>Facility security levels/inmate custody levels:</b> Hardware Secure/State			
<b>Age range of the population:</b> 13-19			
<b>Name of PREA Compliance Manager:</b> Laurie Neary		<b>Title:</b> ASA/ PREA Compliance Manager	
<b>Email address:</b> laurie.neary@tn.gov		<b>Telephone number:</b> (865) 397-0174	
<b>Agency Information</b>			
<b>Name of agency:</b> Tennessee Department of Children's Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 315 Deaderick Street, UBS Tower, 10 <sup>th</sup> Floor, Nashville, Tennessee 37243			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> (615) 741-9701			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bonnie Hommrich		<b>Title:</b> Commissioner	
<b>Email address:</b> bonnie.hommrich@tn.gov		<b>Telephone number:</b> (615) 741-9701	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Rosa Webb		<b>Title:</b> Statewide PREA Coordinator	
<b>Email address:</b> rosa.webb@tn.gov		<b>Telephone number:</b> (865) 202-1836	

## **AUDIT FINDINGS**

### **NARRATIVE**

Notices of the PREA audit, along with contact information, were posted six weeks prior to the on-site audit. The PREA Coordinator emailed photographs of the posted audit notices for confirmation. A flash drive containing the Mountain View Youth Development Center (YDC) Pre-Audit Questionnaire, DCS policies, the DCS mission statement, and documentation to support each standard was provided to the auditor prior to the on-site audit. The documentation was well organized and arranged by standard number. Additional documentation was provided during the on-site audit and afterward, for clarification and additional support of the standards.

The auditor communicated with the PREA Coordinator to discuss the tentative schedule of the on-site audit. The on-site audit was conducted May 25-26, 2017. After introductions and discussing the agenda for the day, the auditor proceeded with the facility tour, accompanied by two facility staff.

All areas of the facility were toured, including: living units, classrooms, culinary vocational area, barbering vocational area, administration, food services, control center, outside recreation areas, indoor basketball court, medical facilities, intake, etc. The auditor noted staff supervising the residents and supervision was augmented by the strategic location of cameras. All areas not accessible to the residents were locked. Six security staff were observed monitoring residents during school.

PREA posters were located throughout the facility. They contained important PREA information and the DCS Child Abuse Hotline number. Information was provided for internal and external ways to report allegations of sexual abuse and sexual harassment and how to access community based services. The hotline telephone number and mailing address for The Sexual Assault Center of East Tennessee was provided. Grievance boxes were in areas accessible to the residents.

Following the tour, the auditor began interviewing staff and residents. During the on-site audit and by telephone afterward, the auditor interviewed the DCS Deputy Commissioner, Mountain View YDC Facility Director, Statewide PREA Coordinator, twelve (12) specialized staff, ten (10) randomly selected staff from all shifts, and ten (10) randomly selected residents from all housing units. A total of thirty-five (35) interviews were conducted.

An exit briefing was conducted with the Facility Director and PREA Coordinator.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Mountain View YDC is a hardware-secure facility located on a 40 acre campus located in Dandridge, Tennessee. The mission of the Tennessee Department of Children's Services (DCS) is to, "Ensure forever families for children and youth by delivering high-quality, evidence-based services in partnership with the community". The facility serves male youth ages 13 to 19 that have been adjudicated delinquent by a Juvenile Court in Tennessee either on a determinate or indeterminate sentence. Juvenile court judges have discretion to commit youth on either an indeterminate or determinate sentence. Determinate placements can range from 6 month until the youth's 19th birthday but are for a set length of time. Indeterminate sentences are for the duration of a program until completion. The majority of youth are placed on indeterminate sentences. At full capacity Mountain View YDC can house a total of 144 youth. The population during the on-site audit was thirty-one (31).

Located within the main building is the administration and security offices; educational classrooms; food services; medical clinic; intake; a renovated briefing room for security staff; Cinema 13 for youth to enjoy movies; and the Central Operations Center (COC) for the facility.

One housing unit with three dorms is in use. All rooms are single occupancy with a toilet and sink. There are two showers with shower curtains in each dorm. Showers are supervised by staff. Cameras are strategically located throughout the facility and are viewed in a central control room. A new camera system was being installed at the time of the on-site audit.

The facility has a large indoor gymnasium and outdoor recreation areas, including basketball courts. The school is a fully accredited Category 1 school district. The facility has a primary care clinic which facilitates the ability to deliver health care privately, safely, and efficiently. The nursing staff is on site 6:00am to 10:00 pm, Monday thru Friday and 6:00am to 9:00pm on weekends.

As of July 1, 2017 Mountain View YDC has changed operational control and is a DCS contracted facility.

## **SUMMARY OF AUDIT FINDINGS**

The on-site audit of the Mountain View Youth Development Center (YDC), located in Jefferson County Tennessee, was completed May 26, 2017. The results indicate Mountain View YDC exceeded zero (0) standard; met Forty-one (41) standards; zero (0) standards were not met; and zero (0) standards were not applicable.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

**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.**

The Tennessee Department of Children’s Services (DCS) is committed to a zero-tolerance standard for all forms of sexual abuse, sexual assault, sexual misconduct, sexual harassment or rape within its Mountain View Youth Development Center (YDC) and is committed to reducing the risk of sexual abuse, sexual harassment, sexual assault, sexual misconduct and rape through implementation of the Prison Rape Elimination Act (PREA) of 2003 as outlined in Public Law 108-79.

Policy 18.8 outlines how the facility will implement the zero-tolerance approach to preventing, detecting and responding to sexual abuse, sexual assault, sexual misconduct, sexual harassment, or rape. Definitions of prohibited behaviors are found in a glossary at the end of the policy. Policy 4.9 includes sanctions for those found to have participated in prohibited behaviors.

Agency policy is inclusive of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The PREA Coordinator is identified in the DCS organizational chart. The PREA Compliance Manager is identified in the Mountain View YDC organizational chart.

**Interview**

- PREA Coordinator  
The PREA Coordinator confirmed she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.

**Policy**

- DCS Policy 4.9 Employee Disciplinary Actions and Medication Process
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS Organizational Chart
- Mountain View YDC Organizational Chart

**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.**

DCS contracts for the confinement of residents require compliance with the PREA Juvenile Standards. Contracts provide for monitoring to ensure continued compliance.

### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Contract Example

### 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)

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Mountain View YDC has developed and implemented a staffing plan that provides for a ratio of 1:8 staff per residents during waking hours and 1:12 during sleeping hours. Deviations would be documented. During the twelve-month audit period, there were no deviations from the staffing plan. Staff holdovers and relocation ensure required staffing levels.

Annually the facility, in consultation with the PREA Coordinator, assesses the staffing plan.

The Staffing Plan Assessment includes the following:

- 1) Generally accepted juvenile 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 plant (including “blind spots” or areas where staff or residents may be isolated);
- 6) The composition of the resident population, if changes have occurred;
- 7) The number and placement of supervisory staff;
- 8) Programs/activities 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;
- 11) Prevailing staffing patterns;
- 12) The deployment of video monitoring systems and other monitoring technologies;
- 13) The allocation of agency/facility resources to commit to the staffing plan to ensure compliance; and
- 14) Any other relevant factors

Supervisors conduct and document unannounced rounds on End of Shift Reports. The rounds identify and deter staff sexual abuse and sexual harassment on all three shifts. Policy prohibits staff from alerting other staff members that supervisory rounds are occurring.

### Interviews

- Facility Director  
The interview with the Facility Director confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels and ratios of 1:8 during waking hours and 1:12 during sleeping hours to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. The Facility Director confirmed all aspects of the standard are considered in developing the plan. Compliance with the staffing plan is maintained by staff holdovers or pulling staff “rovers” from the yard. The Facility Director confirmed full compliance for the twelve-month audit period.
- PREA Coordinator  
The PREA Coordinator confirmed she participates in making assessments of, or adjustments to, the staffing plan for the facility and the assessments happen at least annually.
- Intermediate or Higher-Level Facility Staff  
Interviews confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur.

### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Staffing Plan Assessment
- Staff Schedules (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> shifts)
- Overtime Reports
- End of Shift Reports - Unannounced Supervisory Rounds (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> shifts)

### 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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DCS policy requires the residents at Mountain View YDC are searched by male staff. Transgender or intersex youth may request accommodations regarding the gender of staff conducting a search. Facility policies and procedures enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Facility policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. Staff members are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff are trained in how to conduct searches in a professional and respectful manner, consistent with security needs. Staff training rosters and interviews confirmed receipt of training.

No residents who identified as transgender or intersex were admitted to the facility during the twelve-month audit period.

### Interviews

- Random Sample of Staff  
Interviews with staff confirmed they have received training on how to conduct searches in a professional and respectful manner, consistent with security needs. No staff reported having to conduct cross-gender pat-down searches and searches of transgender and intersex residents. They reported being restricted from doing. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
- Random Sample of Residents  
Resident interviews confirmed female staff announce their presence when entering the housing units. All residents interviewed confirmed only male staff perform searches. All residents interviewed confirmed they are never naked in full view of staff female staff.
- Transgender or Intersex Residents  
No residents identified as transgender or intersex.

### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 20.20 Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression
- DCS Policy 27.38.DOE Youth Supervision
- DCS Policy 27.39 Use of Showers and Restrooms
- DCS Policy 31.4 Search Procedures

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Training Module – Searches
- Training Module – LGBTI
- Training Rosters – Searches
- Training Rosters – LGBTI

### 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.**

Mountain View YDC ensures residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has contract for sign language services. In addition, the facility employs special education teachers to ensure effective communication with residents with disabilities.

The facility ensures 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. The facility has a contract for foreign language interpretation, ESL instruction and word translation services. PREA posters, and resident PREA brochures are available in Spanish and English.

The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. No resident interpreters, resident readers, or other types of resident assistants were used during the twelve-month audit period.

**Interviews**

- Agency Head Designee  
The interview with the Deputy Commissioner confirmed the facility has established procedures to provide residents with disabilities and residents who are limited English proficient 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.
  
- Random Sample of Staff  
Interviews with staff confirmed they would use an interpreter for residents who are limited English proficient. No staff interviewed recalled resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment during the twelve-month audit period.

**Policy**

- DCS Policy 1.1 Providing Equal Access to Programs, Services, and Activities for Individuals with Disabilities under the Americans with Disabilities Act (ADA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Contract for Foreign Language Interpretation, ESL Instruction, Sign Language and Word Translation Services
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
- Special Education Teacher's Certification

**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)

**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.**

DCS has an extensive criminal records background check process. Before hiring new employees or contractors, who may have contact with residents, DCS performs a background check history including: Local Law Enforcement Check, National Sex Offender Registry Check, Tennessee Department of Health Vulnerable Persons Abuse Registry Check, Tennessee Felony Database Clearance, Drug Offender Registry Check, Tennessee Department of Children’s Services Database Search, TBI/FBI Fingerprint Results, and a Driver’s License Search. Prior institutional employers are contacted for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. Criminal records background check of current employees and contractors are conducted annually. Employees have a duty to disclose previous misconduct and any new arrests within 24 hours. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. To more formally demonstrate compliance with inquiring about previous misconduct, DCS is implementing a new form during the application process, promotions and evaluations. If requested DCS provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom an employee has applied to work.

### **Interview**

- Administrator (Human Resources) Staff  
The Human Resources Staff confirmed the facility complies with the standard. Criminal Records background checks are conducted annually.

### **Policy**

- DCS Policy 4.1 Employee Background Checks
- DCS Policy 4.9 Employee Disciplinary Actions and Mediation Process
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Employee Acknowledgement and Notification of PREA
- Background Check History and IV-E Eligibility Checklist

### **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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Mountain View YDC has not made substantial modification or additions since the 2014 PREA audit. Also, the facility has not installed or updated the video monitoring system, electronic surveillance system, or other monitoring technology since the 2014 PREA audit.

## Interview

- Facility Director

The Facility Director confirmed DCS and the Mountain View YDC would consider the ability to protect residents from sexual abuse when making modifications or additions to the facility or updating the video surveillance system, electronic surveillance system, or other monitoring technology.

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Facility Schematic

## 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)

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DCS is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with the Dandridge Police Department for criminal sexual abuse investigations. Both DCS and the Dandridge Police Department adhere to the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents. DCS was a Memorandum of Understanding with The Sexual Assault Center of East Tennessee to provide residents who experience sexual abuse access to forensic medical examinations. A SANE is available 24/7, 365 days a year to provide forensic nursing to sexual assault victims. Forensic medical examinations are offered without financial cost to the victim. The Memorandum of Understanding with The Sexual Assault Center of East Tennessee also provides victim advocate services. The auditor confirmed availability of the services by telephone and reviewing the Memorandum of Understanding. The facility reports three forensic medical examinations were conducted by a SANE or qualified medical practitioner during the twelve-month audit period.

## Interviews

- PREA Coordinator

The PREA Coordinator confirmed The Sexual Assault Center of East Tennessee would provide a qualified victim advocate.

- Random Sample of Staff

Staff interviews confirmed DCS is responsible for administrative sexual abuse investigations and referrals for criminal sexual abuse investigations.

- SAFE/SANE Staff

A telephone call with The Sexual Assault Center of East Tennessee confirmed the availability of SANE services.

- Residents who Reported a Sexual Abuse

There were no residents who reported a sexual abuse.

## Policy

- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Emergency Operational Protocol for Events Requiring the Need for Law Enforcement Intervention at Mountain View Youth Development Center
- Agreement with Dandridge Police Department
- Memorandum of Understanding with The Sexual Assault Center of East Tennessee
- Credentials

## 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)

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DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct and sexual harassment. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS). The policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the DCS website. There were twelve (12) administrative investigations for sexual abuse and sexual harassment during the twelve-month audit period. Three (3) allegations were unfounded and nine (9) allegations were unsubstantiated. The facility reported no referrals for criminal investigations during the twelve-month audit period.

## Interviews

- Agency Head (Designee)  
The Deputy Commissioner confirmed an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct and sexual harassment. Allegations are documented on TFACTS and a DCS investigator is assigned to investigate allegations.
- Investigative Staff  
The DCS investigator confirmed all allegations of sexual abuse or sexual harassment are referred for criminal investigations, unless an allegation does not involve potentially criminal behavior.

## Policy

- DCS Policy 1.16 Internal Affairs Investigations
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Website Address: <https://www.tn.gov/dcs/topic/prison-rape-elimination-act>

### 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)

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All Mountain View YDC employees who have contact with residents complete training on:

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

All Mountain View YDC employees receive PREA training during orientation or in-service and through annual refresher training thereafter. Employees sign Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) documenting they understand the training they have received.

### Interviews

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

### Policy

- DYS Policy 5.2 Professional Development and Training Requirements
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Professional Development Hours Chart
- Required Training Chart
- PREA Training PowerPoint
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

### 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)

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All Mountain View YDC volunteers and contractors receive training on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, based on the services they provide and the level of contact they have with residents. The facility maintains form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) confirming that volunteers and contractors understand the training they have received.

#### Interview

- Volunteer  
An interview with a volunteer confirmed he has been trained on his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

#### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

#### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Volunteer and Contractor PREA Training PowerPoint
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

### 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)

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During the intake process, residents receive information explaining, in an age appropriate fashion, the Mountain View YDC

zero-tolerance policy regarding sexual abuse, sexual assault, sexual misconduct, and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Resident education is accomplished through viewing a PREA video, reviewing PREA information provided in brochures, and resident handbooks.

Written and verbal information on PREA is provided and explained to all residents within forty-eight (48) hours of arrival and includes at a minimum: (1) Mountain View YDC zero-tolerance policy regarding PREA; (2) prevention and intervention; (3) self-protection and how to avoid risk situations; (4) consequences for engaging in any type of sexual activity while at the facility; (5) how to obtain medical and mental health treatment and counseling; and (6) how to safely report sexual abuse.

Appropriate provisions are made as necessary for residents who are of limited English proficiency, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with low intellectual functioning, psychiatric, or speech or reading disabilities. Mountain View YDC does not rely on resident interpreters for PREA information and education, except in urgent circumstances where safety may be compromised.

All residents sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) to confirm they have been notified and informed of PREA and on how to report incidents of sexual abuse, sexual assault, sexual misconduct, and sexual harassment.

The facility ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, and other written formats. The PREA brochures and posters are available in English and Spanish.

### **Interviews**

- Intake Staff

Interviews revealed resident education is accomplished through viewing a PREA video, reviewing PREA information provided in brochures, and resident handbooks. All residents sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA). Residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. All PREA education is accomplished within ten days.

- Random Sample of Residents

Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and sexual harassment through brochures and resident handbooks.

### **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA)
- Contract for Foreign Language Interpretation, ESL Instruction, Sign Language and Word Translation Services
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- Special Education Teacher's Certification

## **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.**

In addition to the general training provided to all employees pursuant to § 115.331, the DCS ensures its investigators have received training in conducting investigations in confinement settings. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Special Investigators Unit Training Curriculum includes:

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

**Interview**

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

**Policy**

- o DCS Policy 5.2 Professional Development and Training Requirements
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o Required Training Chart for all DCS Staff
- o DCS Special Investigators Unit Training PowerPoint
- o Internal Affairs Record of Training Participation

**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.**

DCS ensures 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. Additionally, they receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon their status at the agency. They sign form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) and training logs to document they have received the training required by the standard.

### **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Professional Development Hours Chart
- Required Training Chart
- PREA Training PowerPoint
- Employee Training Logs
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

### **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.**

During the intake process, DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is administered to residents within twenty-four (24) hours of admission. This information is ascertained through conversations with the resident during the intake process and by reviewing relevant documentation.

The assessment ascertains 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.

## Interviews

- PREA Coordinator  
The interview confirmed screening information is available on a need to know basis, including supervisors, medical, and mental health staff.
  
- Staff That Perform Screening for Risk of Victimization and Abusiveness  
The Treatment Manager performs screening for risk of victimization and abusiveness. The interview confirmed that residents are screened upon admission or transfer from another facility within 24 hours. The screening includes all eleven (11) topics required by the standard. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is completed by asking the residents questions and reviewing their files. Risk levels are reassessed if there are incidents of sexual abuse or sexual harassment. The screening information is available to the therapist, case manager, and supervisors.
  
- Randomly Selected Residents  
Interviews with the residents revealed they were asked about prior victimization, their sexual orientation or identity, disabilities, and their perception of danger of potential sexual abuse at the facility, during the intake process.

## Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization

## 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.**

The “At-Risk Protocol” section of form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is initiated and completed on all residents who are identified as vulnerable for being at-risk of sexual victimization or identified as having the potential to victimize or perpetrate, especially with regards to sexually aggressive behavior.

Gay, bisexual, transgender, or intersex residents are not placed in a particular housing, bed or other assignment solely on the basis of such identification or status, nor does the facility consider gay, bisexual, transgender or intersex identification or status as an indicator of likelihood of being sexually abusive.

In making housing and programming assignments for transgender or intersex residents, the facility considers 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 are 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 is given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. Mountain View YDC does not use segregation or isolation.

## **Interviews**

- PREA Coordinator

The PREA Coordinator confirmed the facility uses all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The PREA Coordinator confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Coordinator confirmed housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments are 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 is given serious consideration. She confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

- Staff That Perform Screening for Risk of Victimization and Abusiveness

The Treatment Manager confirmed the facility uses information from the risk screening to develop safe housing plans and housing assignments. She confirmed placement and programming assignments for each transgender or intersex resident would be reassessed at least twice each year to review any threats to safety experienced by the resident.

- Facility Director

The Facility Director confirmed isolation is not used at the facility.

- Transgendered/Intersex/Gay/Bisexual Residents

No residents identified as transgendered, intersex, gay, or bisexual.

## **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 20.20 Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression
- DCS Policy 25.5-DOE Use of Confinement for Youth in Youth Development Centers
- DCS Policy 27.40-DOE Youth Belief of Physical Danger

## **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization
- At-Risk Protocol Section of DCS form CS-0946
- PREA Safe Housing Plan

## 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.**

Mountain View YDC provides 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. These internal ways of reporting include telling any staff member, filing a grievance or calling the Child Abuse Hotline at 1-877-237-0004. Grievance forms and boxes accessible to the residents and pencils are provided as needed.

Residents may also report externally to a public or private entity or office that is not part of the agency. This includes but may not be limited to reporting to the John L. Attorney or calling The Sexual Assault Center of East Tennessee Crisis Hotline at 1-865-522 7273. Residents may remain anonymous upon request. Residents detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Residents may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties, including their peers, staff members, family members, attorneys, volunteers, the chaplain, etc. Third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of the facility must document the resident's decision to decline.

Pursuant to Tennessee Code Annotated 37-1-403, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted or sexually harassed has the duty to report such abuse. In terms of PREA standards, this duty to report includes but is not limited to 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. All reports made verbally, in writing, anonymously, by third parties or by any other means must be documented. The facility allows for staff to privately report sexual abuse and sexual harassment of residents by calling the DCS Child Abuse Hotline.

### Interviews

- PREA Coordinator  
The PREA Coordinator confirmed the facility provides residents with access to tools necessary to make a written report of 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. Residents can keep pencils or ask staff for a pencil. Grievance forms are available next to locked grievance boxes that are checked daily. The Sexual Assault Center of East Tennessee and the John L. attorney were identified as two ways for residents to report sexual abuse or sexual harassment to a private entity that is not part of the facility. All reports are immediately transmitted to CPS through TFACTS and contacting the DCS Special Investigations Unit.
- Random Sample of Staff  
All staff interviewed identified the DCS Child Abuse Hotline as a way 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 an incident of sexual abuse or sexual harassment. They would be provided sight but not sound supervision. All staff confirmed they would immediately document verbal reports. All staff interviewed identified the DCS Child Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.

- Random Sample of Residents  
Interviews with residents confirmed they are knowledgeable of internal and external ways of reporting sexual abuse or sexual harassment if it were to happen to them or other residents. All of them could identify someone who does not work at the facility whom they could report to and most knew that they could make anonymous reports. All residents interviewed knew they could make reports in person or in writing and most knew they could have someone make the report for them so they would not have to give their name.
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Memorandum of Understanding with The Sexual Assault Center of East Tennessee
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- Resident Handbook
- Form CS-0072 Youth Grievance
- Incident Report

### 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.**

Mountain View YDC has an administrative procedure for dealing with resident grievances regarding sexual abuse. Residents may report allegations of sexual abuse at any time regardless of when the incident is alleged to have occurred. Residents are not required to nor should they attempt to resolve with staff an alleged incident of sexual abuse. Grievances are not required to be and should not be referred to the staff member who is the subject of the complaint. Residents may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties. Staff will fully assist residents in obtaining and completing the Youth Grievance Form when help is requested by the resident. Third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members must document the resident's decision to decline. Parents or legal guardians are allowed

to file a grievance regarding sexual abuse on behalf of a resident. Such grievances shall not be conditioned upon the resident agreeing to have the request files on their behalf.

Residents may appeal to the Superintendent if they disagree with the decision of the Grievance Committee. The Superintendent provides the resident a written response within 5 days, excluding weekends and holidays. Emergency grievances are forwarded directly to the Superintendent or designee and a decision is made within two working days. Repeated and clearly malicious false accusations or statements made by a resident or staff member relative to a grievance shall be subject to disciplinary action.

No residents reported a sexual abuse allegation, by using the grievance procedure, within the twelve-month audit period.

### Interviews

- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

### Policy

- DCS Policy 24.5 DOE Youth Grievance Procedures
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Tennessee Code Annotated 37-1-413
- Resident Handbook
- Form CS-0072 Youth Grievance
- Form CS-0160 Notice Grievance Disposition
- Form CS-0159 Grievance Disposition Appeal

### 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.**

Mountain View YDC provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility has a Memorandum of Understanding with The Sexual Assault Center of East Tennessee for victim advocates and emotional support services related to sexual abuse. Additionally, facility and agency staff are available to provide emotional support services during forensic medical examinations and investigative interviews. Posters with mailing addresses and telephone numbers, including toll free hotline numbers are located throughout the facility. For persons detained solely for civil immigration purposes, immigrant services agency information is made available.

The facility informs residents, prior to giving them access, of the extent to which such communications will be monitored. Everyone in Tennessee is a mandated reporter. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 requires all persons to report suspected cases of child abuse or neglect. The facility enables reasonable communication between residents and outside support organizations, in as confidential a manner as possible. Telephone calls are monitored with sight, but not sound supervision. The Superintendent or designee ensures that attorneys or their authorized representatives shall be granted confidential access to the residents for the purpose of interviewing, consultation and providing confidential legal services to the residents. In an effort to increase contact between parents or legal guardians and their child, Mountain View YDC offers video conferencing in addition to weekly phone calls and visitation.

### **Interviews**

- Facility Director  
The Facility Director confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- PREA Coordinator  
The PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- Random Sample of Residents  
Interviews with residents revealed they knew where to find the telephone numbers and mailing addresses of outside organizations. With regards to outside emotional support services, most residents acknowledged counseling, therapy or treatment services would be available and they could make contact when needed. They all were knowledgeable of Tennessee’s mandatory reporting law. They all were confident they could see or talk with a lawyer and their guardian if needed.
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

### **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 24.12 Access to Legal Counsel for Youth in Youth Development Centers

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Memorandum of Understanding with The Sexual Assault Center of East Tennessee
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Request for Legal Consultation Form
- Resident Handbook
- Parent Packet

### **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.**

The DCS website lists the Child Abuse Hotline number and a provides a secure online system for reporting abuse, Direct link: <https://apps.tn.gov/carat/>. Hotline case managers are available to assist callers in reporting abuse. The information is available in English and Spanish.

- Policy**
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

- Supporting Documentation**
- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
  - DCS PREA Brochure - “A Teen’s Guide to Reporting Abuse” (English and Spanish)
  - PREA Posters (English and Spanish)

**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.**

Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 Laws states any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted or sexually harassed has the duty to report such abuse. All allegations of sexual abuse must be reported immediately to the DCS Child Abuse Hotline at 1-877-237-0004. Failure to comply with “duty to report” requirements will result in disciplinary action up to and including termination and/or criminal charges.

All Mountain View YDC staff report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs in a YDC/agency facility, whether or not it is part of the agency; retaliation against residents or staff who report such an incident; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to their supervisors and CPS, DCS policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Retaliation or negative consequences for reporting sexual abuse or sexual harassment or cooperating with sexual abuse or sexual harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.

Medical and mental health practitioners are required to report sexual abuse and to the Child Abuse Hotline. They are mandated to follow Duty to Report laws. Medical and mental health practitioners are 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 Superintendent or her designee shall promptly report the allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of DCS, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the Superintendent 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. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to the DCS Special Investigations Unit.

### **Interviews**

- Facility Director  
The Facility Director confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardians as appropriate. This notification would occur immediately upon the allegation being received. If a juvenile court retains jurisdiction over the alleged victim, the allegation will be reported to the juvenile's attorney. All allegations of sexual abuse and sexual harassment are referred for an investigation.
- PREA Coordinator  
The PREA Coordinator confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardians as appropriate. This notification would usually occur within 24 hours.
- Medical and Mental Health Practitioner  
Interviews with medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. they confirmed they are required by law to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it.
- Random Sample of Staff  
All staff interviewed confirmed they are required by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; 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. All staff interviewed revealed they would report to their immediate supervisor and the DCS Child Abuse Hotline.

### **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605

### **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.**

Mountain View YDC policy states that if a resident believes that a physical attack is imminent, he may request assistance from any staff member. If the staff member from whom assistance has been requested is unable to adequately investigate and/or resolve the situation, he/she shall refer the matter and the resident to the shift supervisor. In all cases, the matter shall be investigated immediately.

There were no residents identified as being subject to a substantial risk of imminent sexual abuse within the twelve-month audit period.

### **Interviews**

- Agency Head Designee  
The Deputy Commissioner confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include separating the resident from the potential perpetrator, interviewing the resident, and taking necessary actions to mitigate risk to the resident.
  
- Facility Director  
The Facility Director confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would protective custody or moving a resident to a single room.
  
- Random Sample of Staff  
All staff interviewed confirmed they would immediately separate the resident from the potential perpetrator.

### **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 27.40-DOE Youth Belief of Physical Danger

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

### **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.**

If a resident discloses that victimization occurred while the resident was confined at another facility/agency and he has not previously disclosed this, the Superintendent shall promptly, within seventy-two hours, notify the head of the facility/agency where the alleged abuse occurred and report the incident directly to the DCS Child Abuse Hotline at 1-877-237-0004.

There were no allegations received that a resident was sexually abused, while confined at another facility, during the twelve-month audit period.

### Interviews

- Agency Head Designee  
The Deputy Commissioner confirmed the DCS Investigative Unit and the Facility Director would be the point of contact.
- Facility Director  
The Facility Director confirmed if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility, the DCS Investigative Unit would be notified.

### Policy

- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

### 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.**

Upon receiving notice of an incident of sexual abuse by a resident, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will: (1) ensure the resident is safe and kept separated from the perpetrator; (2) immediately notify their supervisor; (3) ensure the resident does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until after all physical evidence is obtained in connection with the violation; (4) and secure the incident area and treat it as a crime scene.

The DCS Protocol: First Responder Guidelines for Sexual Assaults provides additional in-depth guidelines regarding emergency medical attention, evidence collection, and treating both the victim’s and perpetrator’s bodies as crime scenes to safeguard evidence.

### Interviews

- Security Staff and Non-Security Staff First Responders  
The staff interviewed was knowledgeable of the steps to take as a first responder to an allegation of sexual abuse.
- Random Sample of Staff

The staff interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse. All staff interviewed stated they would report to their supervisor and call the DCS Sexual Abuse Hotline. They said they would not share sensitive information with individuals not involved in the allegation.

- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS Protocol: First Responder Guidelines for Sexual Assaults

### 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.**

The DCS Protocol: First Responder Guidelines for Sexual Assaults coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

### Interviews

- Facility Director  
The Facility Director confirmed Mountain View YDC coordinates the actions among medical and mental health practitioners and investigators by following the First Responder Guidelines.

### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS Protocol: First Responder Guidelines for Sexual Assaults

### 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.**

Mountain View YDC does not have a 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.

### Interviews

- Agency Head Designee  
The Deputy Commissioner confirmed Mountain View YDC has not entered or renewed any collective bargaining agreements.

### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

### 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.**

Retaliation or negative consequences for reporting sexual abuse or sexual harassment or cooperating with sexual abuse or sexual harassment investigations is not tolerated and will result in disciplinary action up to and including termination.

For a period of ninety (90) days following a report, the agency monitors the treatment of a resident or staff that made a report, and the resident who was reported to be abused, to identify attempts at retaliation or negative consequences and will act immediately to remedy any such actions. Monitoring will include, but not be limited to: (1) resident disciplinary reports, housing, or program changes; (2) negative performance reviews or staff reassignments; and (3) periodic status checks of residents. Mountain view YDC will continue monitoring beyond ninety (90) days if evidence indicates a continued need. If any individual involved in a report expresses fear of retaliation, the facility will take appropriate measures to protect that individual. The facility’s responsibility to monitor will terminate if the allegation is unsubstantiated.

There were no reported occurrences of retaliation within the twelve-month audit period.

## Interviews

- Agency Head Designee  
The Deputy Commissioner stated protective measures would include, separating victims from alleged abusers 1:1 supervision, safety plans, transfers, and staff terminations if applicable.
- Designated Staff Member Charged with Monitoring Retaliation  
The PREA Coordinator confirmed measures to protect residents and staff from retaliation would include monitoring and housing changes, and transfers. She does initiate contact with residents who have reported sexual abuse. Excessive resident disciplinary reports and program changes are some of the things that would be monitored for potential retaliation. She stated monitoring conduct and treatment would continue until a resident or staff feels safe and the retaliation has ended.
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

## Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

## 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.**

Mountain View YDC does not use of segregated housing or isolation to protect a resident who is alleged to have suffered sexual abuse. There were no occurrences of the use of segregated housing or isolation to protect a resident who is alleged to have suffered sexual abuse within the twelve-month audit period.

## Interviews

- Facility Director  
The Facility Director confirmed Mountain View YDC does not uses segregated housing or isolation in response to a resident who is alleged to have suffered sexual abuse.

## Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 27.40-DOE Youth Belief of Physical Danger

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

### 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.**

DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Investigator will gather all evidence, review video surveillance footage if available, and interview alleged victims, suspected perpetrators and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation. When the evidence supports criminal prosecution, a referral is made to the Dandridge Police Department. The credibility of an alleged victim, suspect or witness is not assessed on an individual basis, or whether they are a resident or staff.

Administrative investigations consider how staff actions or neglect of duties are a contributing factor to the abuse. The investigations are documented in the appropriate TFACTS incident reporting section. The report includes all statements, a description of all evidence, assessments of credibility, and facts and findings. Criminal investigations are also documented with thorough descriptions of physical, testimonial and documentary evidence. Documentation is maintained for a period of no less than the last day of employment of an allegedly perpetrating employee, plus five (5) years and seven (7) years after a resident's twenty-second (22<sup>nd</sup>) birthday.

If an alleged abuser or victim is no longer employed at the facility, the investigation continues to conclusion. Mountain View YDC cooperates with investigators and remains informed about the progress of investigations through TFACTS and regular contact with the investigators and PREA Coordinator.

There were twelve (12) administrative investigations for sexual abuse and sexual harassment during the twelve-month audit period. Three (3) allegations were unfounded and nine (9) allegations were unsubstantiated. The facility reported no referrals for criminal investigations during the twelve-month audit period.

## Interviews

- DCS Investigator

The interview with the DCS investigator revealed the individual was knowledgeable of DCS investigative procedures. The investigator confirmed DCS is compliant with all aspects of the Criminal and Administrative Agency Investigations standard. If administrative investigations require referral for criminal prosecution, she remains actively involved in the

process and informs the facility of the progress of the investigation.

### Policy

- DCS Policy 14.3 Screening, Response Priority and Assignment of Child Protective Services Cases
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Special Investigations Unit (SIU) – Notification of Case Initiation and Closure
- DCS Internal Affairs PREA Investigative Summary

### 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.**

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

### Interviews

- DCS Investigator  
The DCS Investigator confirmed the preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.

### Policy

- DCS Policy 14.7 Child Protective Services Investigation Track
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

### 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.**

The DCS PREA Coordinator and/or Facility Superintendent informs residents as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the resident is informed whether: (1) the staff member is no longer posted within the resident’s unit; (2) the staff member is no longer employed at the facility; (3) the agency learns the that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident’s allegation that he has been sexually abused by another resident, the victim is informed whenever: (1) the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

### Interviews

- PREA Coordinator  
The PREA Coordinator confirmed she informs residents of investigative outcomes.
- DCS Investigator  
The DCS Investigator confirmed the residents are notified of investigative outcomes.
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

### Policy

- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS Internal Affairs PREA Investigative Summary

### 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.**

Any employee that violates the facility's sexual abuse and sexual harassment policies will be subject to disciplinary action up to and including termination. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

No staff violated the facility's sexual abuse and sexual harassment policies within the twelve-month audit period.

**Policy**

- DCS Policy 4.9 Employee Disciplinary Actions and Medication Process
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

**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.**

DCS policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Mountain View YDC takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

No contractor or volunteer violated the facility's sexual abuse and sexual harassment policies within the twelve-month audit period.

**Policy**

- DCS Policy 14.6 Child Protective Investigation Team
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Volunteer Services Procedure Manual
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

### **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.**

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. Mountain View YDC does not use isolation as a disciplinary sanction.

The disciplinary process considers whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Mountain View YDC 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.

There were no administrative or criminal findings of resident-on-resident sexual abuse that have occurred at the facility within the twelve-month audit period.

#### **Interviews**

- Facility Director  
The Facility Director confirmed the facility follows a more therapeutic approach but does have disciplinary sanctions upon an administrative finding that a resident has engaged in resident-on-resident sexual abuse. Isolation would not be used as a disciplinary sanction.

#### **Policy**

- DCS Policy 24.5 DOE Youth Grievance Procedures
- DCS Policy 25.2 DOE Disciplinary Report/Notice Hearing for Youth in Youth Development Centers
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

#### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

### **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.**

If screening or assessments indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, designated staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening. The same follow-up meeting would be offered to a perpetrator within fourteen (14) days of the intake screening.

Designated staff will develop appropriate interventions that may include further assessments or screenings by mental health professionals for identified residents prior to assigning the resident to a program, education, work, or room assignment to decrease risk of sexual victimization or perpetration.

Medical and mental health practitioners obtain informed consent before reporting about prior victimization that did not occur in an institutional setting. Informed consent is not required for residents 18 and older.

During the twelve-month audit period, the facility reported no residents disclosed prior sexual victimization during the initial screening.

### **Interviews**

- Staff Responsible for Risk Screening  
The Treatment Manager confirmed if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered with a medical or mental health practitioner. She confirmed the follow-up meeting with a Licensed Professional Counselor (LPC) would occur within 24 hours. She confirmed the same follow-up meeting would be offered to a perpetrator.
- Medical and Mental Health Staff  
The LPC and Health Administrator interviewed confirmed they would obtain informed consent from residents who are over the age of 18 before reporting about prior sexual victimization that did not occur in an institutional setting. The LPC revealed automatic informed consent is obtained during intake.
- Residents Who Disclose Sexual Victimization at Screening  
No residents were identified during the on-site audit as disclosing sexual victimization during the initial screening.

### **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

## **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.**

Mountain View YDC provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services through a MOU with The Sexual Assault Center of East Tennessee. Residents are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Interviews**

- o Security and Non-Security First Responders  
The staff member interviewed as a first responder could identify the measures they would take to protect a victim of sexual abuse. They stated they would immediately notify medical and mental health practitioners.
- o Medical and Mental Health Staff  
The Health administrator interviewed confirmed residents who have been a victim of sexual abuse would immediately receive access to emergency medical treatment. She also confirmed victims of sexual abuse would be offered timely information about and access to sexually transmitted infection.
- o Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

**Policy**

- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o DCS Protocol: First Responder Guidelines for Sexual Assaults
- o MOU Sexual Assault Center of East Tennessee
- o Sexual Assault Center of East Tennessee Website

**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.**

Mountain View YDC offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse. 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. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are without financial cost to the victim.

### **Interviews**

- Medical and Mental Health Staff  
The Health Administrator interviewed confirmed residents who have been victimized would be referred for follow-up medical and mental health services. She stated that he feels the medical and mental health services are consistent with the community level of care.
  
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

### **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 18.13 DOE Assessment of Individual Program Plan/Individual Education Plan (IPP/IEP) Goals
- DCS Policy 20.5 Health Care Delivery at Youth Development Centers

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

### **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.**

The Office of Juvenile Justice (OJJ) with DCS reviews all sexual abuse and sexual harassment cases at the conclusion of an investigation. The reviews are conducted within 30 days of the closure and are reviewed on two levels, locally and state.

Once a case is closed, regardless of the finding, the outcome is debriefed and reviewed with the superintendent at the facility. The superintendent meets with the review team to discuss the findings of the investigation and make decisions regarding any housing changes, changes to the facility layout, any staffing issues, any resident issues, and any other circumstances that may have led to the referral. In addition, the review team discusses any barriers observed in the course of the investigation from the investigators point of view.

All closed investigations are reviewed by the Statewide PREA Coordinator and if there are any recommendations or concerns that are noted in this review they are forwarded or shared with the superintendent and the Director of Residential Operations with the Office of Juvenile Justice.

Any case that is substantiated, unsubstantiated or founded is reviewed at a state level within 30 days of closure by the Provider Quality Team (PQT). This team meets every Monday and has representation from the facility, the Statewide PREA Coordinator, Director of Residential Operations, Child Protective Services, Special Investigations Unit, Internal Affairs, Medical, Mental Health, Regional staff, Quality Control and Network Development. During the review, the investigator or the investigator's supervisor presents the case to the review team, both verbally and through a written report. The review team can make recommendations based on the investigation to the facility or ask for additional information from the facility as to how the issue was addressed on site. Members of PQT develop next steps if necessary, and follow up on the steps in upcoming meetings. The case review continues beyond the original presentation until the team decides that all issues have been addressed. Case specific data and review outcomes are maintained on a spreadsheet and are reviewed quarterly to assess for trends.

PQT also provides a third tier level review which is more in depth when any DCS employee has been named as the alleged perpetrator in 10 or more incidents or allegations. Members of the review team can be asked to conduct a visit at Mountain View YDC as a follow-up to the investigation to gather more information as needed, or to address the outcome of the investigation with the local management staff and develop next steps.

In addition to these formal reviews, the investigation summaries that are substantiated or founded are sent to the Deputy Commissioner of OJJ for an additional review. She can request additional information, visit the facility, or develop next steps.

When improvements or changes are noted to be necessary from these reviews, they are shared with all three Youth Development Centers. The information is shared in monthly superintendent meetings and/or with the PREA Compliance Managers through the Statewide PREA Coordinator.

## **Interviews**

- Facility Director  
The Facility Director confirmed Mountain View has a sexual abuse incident review team. The team includes input from line supervisors, investigators, and medical and/or mental health practitioners. She stated the team would use information from the incident review to identify problem areas and make changes as needed. She confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be assessed.
- PREA Coordinator  
The PREA coordinator revealed she reviews all closed investigations and is additionally part of the weekly PQT team.
- Incident Review Team Member  
The PREA coordinator confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be assessed.

## **Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

### 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.**

DCS collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as instructed by the DCS PREA Coordinator. DCS aggregate the incident-based sexual abuse data at least annually. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. DCS maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. DCS also obtain incident-based and aggregated data from every contract agency with which it contracts for the confinement of its residents. Upon request, DCS provides all such data from the previous calendar year to the Department of Justice no later than August 15<sup>th</sup>.

## Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Survey of Sexual Victimization
- Survey of Sexual Victimization Summary

### 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.**

DCS reviews data collected and aggregated pursuant to PREA Standards § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as DCS as a whole.

The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. DCS reports are approved by the DCS Commissioner or designee and made readily available to the public through its website. DCS 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 the nature of the material redacted is indicated.

### Interviews

- Agency Head Designee  
The Facility Director confirmed incident-based sexual abuse data is used to improve sexual abuse prevention and detection.
  
- PREA Coordinator  
The PREA Coordinator confirmed DCS reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies, and training. The data is securely retained and corrective actions are taken as needed. DCS prepares an annual report and redacts identifying information.

### Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Survey of Sexual Victimization
- DCS Annual PREA Report

### 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.**

DCS ensures that data collected pursuant to PREA Standard § 115.387 is securely retained. DCS makes all aggregated sexual abuse data from facilities under its direct control and contract agency facilities with which it contracts, readily available to the public at least annually through its website or through other means, as applicable. Before making aggregated sexual abuse data publicly available, DCS removes all personal identifiers. DCS maintains sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.

**Policy**

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS Annual PREA Report

**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.

Robert B. Latham

July 6, 2017

Auditor Signature

Date