

PREA AUDIT: AUDITOR'S FINAL REPORT

Juvenile Facilities



Name of facility; Wilder Youth Development Center	
Physical address: 13870 Tennessee 59 Somerville, Tennessee 38068	
Date report submitted: June 14, 2015	
Auditor Information Jeff Rogers	
Address: 108 Jeannette Ave, Frankfort, Kentucky 40601	
Email: jamraat02@gmail.com	
Telephone number: 502-320-4769	
Date of facility visit: June 9-10, 2015	
Facility Information	
Facility mailing address: <i>Same</i>	
Telephone number: 901-465-7359	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal X <input type="checkbox"/> State <input type="checkbox"/> Private not for profit
Facility Type:	X <input type="checkbox"/> Juvenile
Name of Superintendent: Jane Shaw Hayes Name of PREA Compliance Manager: Nena Moss	
Superintendent 901-465-7359 ext 233 PREA Compliance Manager	

Email address: Nena.Moss@tn.gov		Telephone number: 901-465-7359 ext. 218
Agency Information		
Name of agency: Tennessee Department of Children's Services		
Governing authority or parent agency: Tennessee Department of Children's Services		
Physical address: 436 South 6 th Avenue North, Nashville, Tennessee 37243		
Mailing address: Same		
Telephone number: 615-532-6154		
Agency Chief Executive Officer Jim Henry		
Name: Jim Henry	Title: Commissioner	
Email address: Jim.Henry@tn.gov	Telephone number: 615-741-7337	
Agency-Wide PREA Coordinator		
Name: Courtney Wood	Title: PREA Program Manager	
Email address: Courtney.Wood@tn.gov	Telephone number: 615-532-6154	

AUDIT FINDINGS

NARRATIVE: A PREA audit was conducted at the Wilder Youth Development Center on June 9-10, 2015. Prior to the onsite visit a review of all policies, procedures, protocols, and associated documentation occurred. During the pre-audit activities, there was a few issues that needed correcting and these corrections occurred prior to the visit. The auditor and management team staff had a pre-audit meal together in Memphis on June 8, 2015.

The following morning the auditor met with the facility's management team for a brief opening session where the audit schedule was discussed along with how the interviewing process would occur. Following this meeting a tour of the facility was conducted with the Superintendent, the chief of security, the facility PREA compliance manager, and the auditor. The focus of the tour was to review camera placements, mirrors, and blind spot locations. The tour last approximately one hour

and twenty minutes. Once the tour was complete the auditor and the PREA compliance manager worked together and random staff members were selected to be interviewed and to identify who the other specialty staff members were to be interviewed. The auditor interviewed 12 random staff members, five from first shift, five from second shift, and two from third shift. The two third shift staff were interviewed on day two of the audit. Interviews were then conducted with the Superintendent, the PREA compliance manager, the person over the medical department, a mental health therapist, a person who conducts risk assessments and is the intake officer, the human resources staff, and an investigator from the Special Investigative Unit (not a Wilder staff). Additional interviews were conducted for the person who monitors retaliation, and a person who does unannounced rounds.

On day two of the audit, June 10, 2015 the auditor interviewed 10 random residents and two additional interviews were conducted with a limited English resident and a resident who had reported victimization prior to arriving at the facility. There were no residents who had identified as gay, bisexual, transgender or intersex. During the second day the auditor reviewed five resident case records to verify PREA education being given and also the risk assessments were reviewed. Additionally five staff members training records and background checks were reviewed. The superintendent also verified that all staff had received the required PREA training in the form of a memo to the auditor.

During the current year a total of 24 allegations have occurred. Five of the allegations were for sexual abuse and the remaining 19 were sexual harassment allegations. There have been no founded sexual abuse allegations at the facility with two being unfounded and the rest still under investigation. Of the 19 sexual harassment charges, three were screened out because they did not meet the definitions of sexual harassment or abuse, one was unsubstantiated and two have been judged unfounded. The remaining allegations are still in the investigative process.

The auditor was impressed with the staff and resident level of knowledge about PREA. In every interview whether it be staff or resident, each person knew how PREA worked and what it was about. The state of Tennessee has developed a sound PREA Practice at its facilities. Policy, procedures and protocols are more than adequate to meet the requirements of the law and in several cases exceeding the requirements of the standards.

DESCRIPTION OF FACILITY CHARACTERISTICS: The John S. Wilder Youth Development Center is located in Somerville, Tennessee a rural farming area approximately 50 miles east of Memphis, Tennessee. The facility sits on approximately 170 acres with 35 acres fenced in. The facility was constructed and opened in 1971. Referrals into the program are mostly from the Memphis area and others could be from any other county in Tennessee through the state court system. The facility offers a variety of programming including aggression replacement training, sex offender treatment, individual counseling, group counseling, alcohol and drug counseling, and other programs designed to assist the resident during his stay at the facility. The rated capacity is 144 and there were 122 on the first day of the audit. Residents range in age of 13-18 and are all male. The average length of staff is 10-14 months with some residents serving determinate sentences of a longer nature. There are 192 staff employed at the facility. There are 122 security positions and the rest are administrative/support, or programmatic staff. There are seven housing units on the grounds. Other buildings include the administration building, the kitchen, the school, the gymnasium with swimming pool, the chapel, a counseling building, and outside maintenance buildings. The housing units have individual rooms that do not have bathrooms with the exception of one that has wet rooms. There is separate showering and bathroom area in each housing unit. There are at least two staff on each shift in each housing unit. The facility buildings are surrounded by a metal fence curved inward at the top with a fine mesh. There are 177 cameras used for surveillance with a recording storage system for up to ninety days. More cameras have been requested for the school and gymnasium where there are currently no cameras. Additional cameras would greatly enhance safety and security in those two buildings. With the exception of one, all cameras are fixed stationary cameras that do not pivot, zoom, or tilt.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	9
Number of standards met:	31
Number of standards not met:	0
Not Applicable:	1

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

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

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

Agency policy #18.8 PREA Zero Tolerance Policy, Page 1

Wilder YDC Organization Chart

Agency Organization Chart

The agency employs a full time PREA Coordinator. His sole responsibility is to coordinate the agency's effort at becoming PREA Compliant. The PREA Coordinator reports to the Deputy Commissioner. There are three Youth Development Centers and there is a separate PREA Compliance Manager at all three facilities. The PREA Compliance Manager at Wilder also has sufficient time to perform her duties and is a part of the facility's organizational chart.

§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)

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

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

.

§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)

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

Agency policy # 18.8 PREA Zero Tolerance page 9 #3

Unannounced Rounds log

Facility Quarterly reports

2015 Staffing Plan Assessment

Staffing Plan for Wilder YDC

Average Daily Census Report for 2012-2015

The facilities staffing plan was reviewed along with quarterly reports to ensure staffing levels were maintained. The Superintendent said that there have been no occasions when the staffing plan was not met. By using overtime and management personnel on occasion the facility meets this requirement. The radio is monitored to ensure announcement of these rounds is not announced to anyone. The facility does not currently meet the required ratios of staff but has until October 1, 2017 to meet these levels. The superintendent said that plans are being discussed to either lower the population or hire additional staff. Currently in addition to staff observation, mirrors and surveillance cameras are in place to ensure adequate staff coverage of residents. Shift leaders conduct unannounced rounds and make log entries daily.

§115.314 –Reserved

§115.315 – Limits to Cross-Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policies # 18.8 PREA Zero Tolerance page 4 H #1

27.19 Search Procedures page 2-3 B

#27.38 Youth Supervision page 2 #3

27.39 Use of Showers page 1 A

20.20 Guidelines for Managing Youth in DCS Custody Related to Sexual Orientation page 1 #2

Training Curriculum

Training Rosters

The resident and staff interviews confirmed that there is no cross gender searches of any kind at this facility. The agencies training curriculum was also reviewed and found to include all necessary topics. Agency policy does not allow cross gender pat down searches.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 Zero Tolerance page 2, C and page 3 # 4

Resident handbook English and Spanish version

ESL Contract for foreign language interpretive services

PREA Brochures in English and Spanish

Training Rosters

There exists a contract for interpretive services at the facility. The residents and staff also confirmed that resident interpreters are not utilized at any time. There were no residents during the time of the onsite that needed interpretive services even though two residents were identified as not being fully English Proficient. In an interview with one resident he was able to fully speak English and understand it.

§115.317 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policies # 4.1 Employee Background Checks page 2-5 C

4.9 Employee Disciplinary Actions and Mediation page 2-3 C

National Sex Offender Registry examples

Tennessee Department of Health Vulnerable Persons Abuse Registry examples

Felony Data Base Clearance examples

DCS Data Base examples

Fingerprint Results from the FBI/TBI

Meth Offender Registry

The facility goes beyond the requirement to verify background information at least every five years by doing so every year. This includes contractors and volunteers according to the interview with the Human Resources Manager and documentation reviews.

§115.318 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Interviews with the PREA Coordinator and Deputy Commissioner verified that there had been no additional construction or expansions since August 12, 2012. There is a sidewalk reconstruction project and a new parking lot are being added. The Facility Superintendent said that additional cameras have been requested and it is hoped that money will be appropriated to add additional cameras. While there is staff presence in the school and gymnasium additional cameras would greatly enhance security and safety especially in the school classrooms and the gymnasium where there are no surveillance cameras.

§115.321 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 14.25 Special Child Protective Services Investigations pages 1-9

18.8 Zero Tolerance Policy page 1, B and page 3 #2

Memo agreement concerning the use of the National Protocol for Sexual Assault Forensic Exams in Investigations by the SIU (Special Investigations Unit)

MOU with the Shelby County Rape Crises Center

Facility LMSW Licenses

The auditor spoke with a representative with the Shelby County Rape Crises Center in Memphis by phone. This agency has the capacity to conduct forensic medical exams either at the hospital or in their office setting. The Center also has counseling specialists on site and available 24 hours a day 365 days a year. The Center has been in existence for 40 years. The Center maintains a 24 hour hotline that is free to call.

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

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

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

Agency policies # 18.8 PREA Zero Tolerance page 6 section 1-3

14.25 Child Protective Services Investigations pages 1-9

#1.6 Internal Affairs Investigations page 3 #7

The superintendent indicates that there are no criminal charges presently being pursued against any staff or resident. There have been 24 PREA allegations filed in 2015. Five (5) were considered abuse allegations and the rest (19) were filed as harassment. Of the five abuse allegations two (2) were unfounded and the rest are ongoing investigations. Of the 19 harassment allegations one (1) was unsubstantiated, two (2) were unfounded, three (3) were screened out because these did not meet the threshold of what constitutes an allegation. There remains 13 investigations are ongoing. The Superintendent indicated that she is frustrated with the slow pace of the investigations.

§115.331 – Employee Training

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

Does Not Meet Standard (requires corrective action)

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

Agency policy #18.8 PREA Zero Tolerance pages 7-9;

#5.2 Professional Development page 1 A

Training Curriculum

Training Rosters

In addition to reviewing training records of a sampling of employees, the Superintendent verified in writing that all staff have been trained in the PREA Curriculum. Training is provided at least every two years but in practice, training occurs annually and sometimes more often.

§115.332– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy #18.8 Zero Tolerance page 7-9

Training Rosters for Contractors and Volunteers

List of volunteers

Examples of training sign in sheets provided

All training of contractors and volunteers has been completed. The chaplain is responsible for volunteers and ensures volunteers are trained.

115.333-Resident Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 relating to PREA Zero Tolerance Section C.

Training Curriculum

Training Rosters

The facility has posters in every living unit as well as in other areas of the facility where residents can see them. These are posted in Spanish as well as English. The resident handbook is also available in Spanish and English. The interviews with residents indicated all received information about PREA within two days or less after arrival. This is documented on agency forms as well. All residents have received this information. Two residents interviewed came to this facility prior to the implementation of PREA in 2012. Both residents said they received the training and education a few months later after PREA was implemented and also indicated they received PREA Brochures and the resident handbook updated with PREA information. All training is documented on the CS-0939 form.

§115.334 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency Policy # 5.2 Professional Development and Training page 1 A

Agency Required Training Chart

Training Schedule for Investigators

Training Rosters for Investigators

The auditor interviewed one of the investigators for this facility during the onsite visit to the facility. She indicated they have received PREA Investigator's training.

§115.335 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 PREA Zero Tolerance page 7-9

Training Curriculum for Medical and Mental Health Staff

Training Rosters for Medical and Mental Health Staff

Staff interviews with medical/mental health staff confirmed the receipt of this training.

§115.341 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 PREA Zero Tolerance page 2, B 1

Agency Risk Assessment Instrument (completed examples)

Youth Acknowledgement Forms (completed examples)

There are two staff members who complete all risk assessments at the facility. One of the staff was interviewed. He confirmed the assessment process is completed on day one of a resident's arrival. Assessment screeners identify aggressors and victims and ensure a follow up meeting with appropriate medical or mental health staff within 14 days should the need arise. Information on resident classification is on a need to know basis thus, not all staff such as security staff do not receive this information. Residents reported being given the risk assessment and related PREA Information on the day of their arrival.

§115.342 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 PREA Zero Tolerance page 1-2 B #8

27.40 Youth Belief of Physical Danger page 1-2

25.5 Use of Confinement page 3-4 F #5

If a youth believes he is in danger of physical assault a Safety Plan is developed by staff that outlines how the resident will be safeguarded. Agency policy does not allow the use of confinement for residents at risk of sexual victimization. Reviews of a safety plan occur at least every 30 days or more often as needed. Staff interviews confirmed the use of the Safety Plan. At no time are residents placed in isolation because of a PREA concern. The safety plan includes where the resident will sleep, eat, where he will sit in school, and where he will be placed in the line when lining up for movement. At all times a victim or alleged victim will be within sight of a staff member.

§115.343 – Reserved

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

§115.351 – Resident Reporting

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

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

Agency policy # 18.8 PREA Zero Tolerance page 2-3 C #2

24.5 Youth Grievance Procedures page 4 J&K

Brochures in Spanish and English given to all residents

Resident Handbook page 13-18 Spanish and English

Wall posters in every living unit as well as throughout the facility in Spanish and English

MOU with Shelby County Rape Crises Center fliers

All 10 residents interviewed are aware of how to fill a grievance, inform staff, parents, or use the 800 hotline number. Staff were also aware of these forms of communication to report an allegation. Staff were made aware of these policies and procedures through training at the facility. All staff were aware of the provision to report any verbal report allegation immediately to the appropriate supervisor or to dial the 800 number.

§115.352 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 24.5 Resident Grievances pages 1-5

Resident Rights Handbook

Agency policy indicates there is no time limit on when sexual assault or harassment grievances may be filed. Residents are aware of the grievance process. Grievance forms and drop boxes for collecting grievances are available in each housing unit as well as other locations in the facility. Emergency Grievances may be filed at any time.

§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)

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

Agency policy #26.2 Visitation page 1

24.12 Access to Legal Counsel page 2 B 1 & 3

26.1 Youth Correspondence page 2 C

26.3 Telephone Privileges page 1

MOU with Shelby County Rape Crises Center

MOU with the Sexual Assault Center of Nashville

The agency has an MOU with the Shelby County Rape Crises Center and the Nashville Sexual Assault Center for sexual assault/harassment counseling and other therapeutic services. These Centers also provide training at the facility with residents and follow up services as needed. Residents also have this information included in their resident handbook. Resident interviews also revealed their knowledge about accessing these Centers to assist them if needed.

§115.354 – Third-Party Reporting

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

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

PREA Brochures for Residents

Child Abuse Hotline Posters with 800 numbers for assistance

Shelby County Rape Crises Center fliers

Sexual Assault Center of Nashville brochure

Youth Handbook

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

§115.361 – Staff and Agency Reporting Duties

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

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

Agency Policy # 18.8 PREA Zero Tolerance page 4 #1, 4, and 5

Tennessee Code Regulation 37-1-403

The policy and code outline the reporting requirement for staff. All random staff interviews (12) revealed that staff know exactly how to go about reporting any sexual assault or harassment allegation

§115.362 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 14.3 Screening, Priority Response and Assignment page 1

#27.40 Youth Belief of Physical Danger page 1 A

If a resident is in danger of an imminent threat, the youth can report this to staff or if staff become aware of a situation a safety plan is implemented for that resident. That includes assignment to safety plan bed which is nearer to staff posts for better observation. Staff interviews revealed that staff members are aware of first responder duties and each interviewee knew what to do in case of imminent danger.

§115.363 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy #18.8 PREA Zero Tolerance page 1-2 A #2

#14.25 Special Child Protection Services Investigations page 2 #5

There has been an incident earlier this year where a resident was moved to Wilder YDC because of an incident at a private child care facility. Staff followed protocol according to the PREA 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)

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

Agency policy # 18.8 page 5-6 E # 1-8

Agency First Responders Guidelines for Sexual Assault page 1-2

Staff interviews indicate staff are aware of their responsibilities if a sexual assault should occur. Each interviewee (12) outlined the process during interviews with the auditor. There exists as part of the First Responders Guidelines an Action form that is a checklist of what should occur. Also staff wear around their neck small laminated post cards that outline what to do in the event of a sexual assault.

§115.365 – Coordinated Response

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

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

Agency policy # 18.8 PREA Zero Tolerance page 5 E # 1 and page 3 E #1

Agency First Responder protocol

The policy and protocol outline the steps to be taken by staff should a sexual assault occur. The protocol is excellent. There exists as part of the First Responders Guidelines an Action form that is a checklist of what should occur. Also staff wear around their neck small laminated post cards that outline what to do in the event of a sexual assault. All interviewees knew who should be notified should a sexual assault occur, that included first line supervisors, the superintendent, medical and mental health personnel, calling the allegation into the state abuse hotline, and arranging for the movement of the victim for forensic medical exams at the Shelby County Rape Crises Center.

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

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

X The standard is non-applicable

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

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

§115.367 – Agency protection against retaliation

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

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

Agency policy # 18.8 page 4 section D #5

The facility has the PREA Compliance Manager as the person who monitors retaliation. The facility will monitor the occurrence of retaliation for at least 90 days and longer if necessary. She indicated that she checks weekly with residents for as long as necessary.

§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)

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

Agency policy # 27.40 Youth Belief of Physical Danger page 2 D #5

18.8 PREA Zero Tolerance page 2 B #7 & 8

The agency does not utilize isolation for victims of sexual assault. Rather the facility staff develop a safety plan for an affected resident. The safety plan outlines where the resident's room assignment will be, where he is in relation to staff at all times including line ups for eating etc. The plan is re-assessed at least every 30 days or more often as the need dictates. Residents are able to access programming etc. without interruption.

§115.71 – Criminal and Administrative Agency Investigations

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

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

Agency Policy # 14.3 Screening Priority and Assignment of Child Protective Services Cases
page 1-16

18.8 PREA Zero Tolerance page 6 F #1-3

14.25 Special Child Protective Services Investigations page 3 F #2

5.2 Professional Development and Training page 1 & 3 C

14.6 Child Protective Services Team page 1-4

Training Records of Investigators from the Special Investigations Unit

The agency policies outline the conduct of investigations. The facility staff do not investigate complaints. Investigation are completed by the Department of Children's Services, Office of Special Investigations. When an allegation is called in to the Hotline an investigator is assigned by the agency to conduct an investigation. If the allegation appears to be of a criminal nature it is referred to local law enforcement or the state police. During the course of this audit one of the agency investigators was available for an interview. She outlined to the auditor how the investigation process works. Also the superintendent of the facility said that some of the current investigations are not being processed as fast as she would like but that plans are underway to correct this.

§115.372 – Evidentiary Standard for Administrative Investigations

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

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

Agency policy # 14.25 Special Child Protective Services Investigations page 3-4 F #1-7

18.8 PREA Zero Tolerance page 6 F #3

The policies define the standard of preponderance of the evidence for determining whether the allegation is substantiated or not.

§115.373 – Reporting to Residents

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

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

Agency policy # 14.25 Special Child Protective Services Investigations page 7-8 # 6-9

18.8 PREA Zero Tolerance Policy page 4 F #2

Policy and practices are in place to ensure residents are informed of the outcome of an allegation. If a staff member is the alleged abuser, that staff person is reassigned to another post pending the outcome of the investigation. If the alleged abuser is a resident the same reporting practices are in place.

§115.376 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 4.9 Employee Disciplinary Actions and Mediation page 4 E #1 & 5. The agency policy has in place all necessary sanctions up to and including termination if a sexual assault or harassment allegation is substantiated. There have not been any terminations or other sanctions against any staff at the Wilder YDC.

§115.377 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 PREA Zero Tolerance page 6 F #1-3

14.6 Child Protective Investigative Team page 1-2 A #1 & B #1.

PREA Acknowledgement Forms for Volunteers and Contractors

The agency has each volunteer sign an acknowledgment form indicating they have received training about the PREA. There have been no volunteers or contractors reported for sexual assault or harassment.

§115.378 – Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 24.5 Youth Grievances page 3 G #1-9

25.4 Disciplinary Punishment for Youth in Youth Development Centers Guidelines page 1-5 B.

25.2 Disciplinary Report/Notice of Hearing

18.8 PREA Zero Tolerance page 4 #5 and page 5 #14

25.1 Definitions of Disciplinary Offenses for Residents in Youth Development Center page 1 B #1-5

Resident Handbook page 13-18

Agency policy outlines the disciplinary process should an allegation be founded. Resident on resident sexual activity is prohibitive by policy. All aspects of the standard are covered in agency policy.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 PREA Zero Tolerance page 2 # 4 & 6

Assessment Logs

The intake assessment list verified that residents who told of prior victimization received access to medical and mental health personnel within the 14 day period. Medical and mental health offer informed consent to those older than 18 but there has been no occurrence involving a resident over 18. For those under 18 informed consent is not required to be signed off by the resident. Verification of these occurrences can be found in nurse's daily

roster and sick call logs. Interviews with medical and mental health staff confirmed this process.

§115.382 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 PREA Zero Tolerance page 5 E # 1-8

MOU Shelby County Rape Crises Center and Flyers

MOU Sexual Assault Center of Nashville and Flyers

Resident interviews indicate their awareness of the emergency medical treatment and the use of an outside entity, the Shelby County Rape Crises Center and the Sexual Assault Center of Nashville. Interviews with medical and mental health staff also verified these services are available. The use of the nurse's daily roster and sick call log would be used if a resident wanted these services. The auditor interviewed by phone a staff person at the Shelby County Rape Crises Center during the on-site audit. She outlined all of the services provided by the RCC for both normal and emergency situations. The services by the RCC can be done at the Center with a fully equipped medical services lab and at the local hospital. Both RCCs in use offer training at the facility for both residents and staff. The Shelby County RCC is in the process of educating each resident about PREA at the facility. Both individual and group counseling are offered should the need arise.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy # 18.8 PREA Zero Tolerance page 5-6 #7 & page 2-3 #2

18.13 Assessment of IPP/IEP Goals page 1 B

Risk Assessments

This is a male only facility thus no pregnancy testing is needed but treatment of sexually transmitted sexual diseases is offered. There have been no need of these services in the past. Interviews with the Nursing Administrator indicated they would be offered if necessary.

§115.386 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy #18.8 PREA Zero Tolerance page 4 J #1 & page 7 # 2

The facility has a SART (Sexual Abuse Review Team). The team is a multi-disciplinary group of personnel who review all substantiated allegations. Its members are made up of the PREA Compliance Manager, the facility Superintendent and additional members from various departments within the facility. To date there has not been any abuse allegations either substantiated or unsubstantiated that would require a review.

§115.387 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy #18.8 PREA Zero Tolerance page 10 K #1

The facility has participated in the collection of data for the Survey of Sexual Violence annually. The agency collects data from each of its three youth development centers on a routine basis. The interview with the statewide PREA Coordinator confirmed this as well. The agency prepares an annual report by July 30 each year for the preceding year.

§115.388 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

18.8 PREA Zero Tolerance page 10 K #2

The interview with the statewide PREA Coordinator revealed the annual report is published by July 31 each year for the preceding year. The last report was from 2014 but the 2015 report will be published by July 31, 2015.

§§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)

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

Agency policy #18.8 PREA Zero Tolerance page 11 #3.

The agency information relating to sexual abuse and harassment is securely retained on the agency's TFACTS data system. This is password protected with access being limited to those with a need to know. There are no personal identifying information on its reports. The retention schedule for Tennessee is compliant with the requirement of maintaining information for at least ten years.

AUDITOR CERTIFICATION:

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

Jeff Rogers

June 13, 2014

Auditor Signature

Date