

# PREA Facility Audit Report: Final

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

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 09/28/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert B. Latham	<b>Date of Signature:</b> 09/28/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Latham, Robert
<b>Email:</b>	robertblatham@icloud.com
<b>Start Date of On-Site Audit:</b>	08/10/2023
<b>End Date of On-Site Audit:</b>	08/11/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Rutherford County Juvenile Detention Center
<b>Facility physical address:</b>	1710 S. Church Street, Murfreesboro, Tennessee - 37130
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Clint Thomas
<b>Email Address:</b>	clintthomas@rutherfordcountyttn.gov
<b>Telephone Number:</b>	6158819123

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Director Lynn Duke
<b>Email Address:</b>	lduke@rutherfordcountyttn.gov
<b>Telephone Number:</b>	6158987957

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	64
<b>Current population of facility:</b>	14
<b>Average daily population for the past 12 months:</b>	14
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	12-18
<b>Facility security levels/resident custody levels:</b>	4
<b>Number of staff currently employed at the</b>	35

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	8
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	11

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Rutherford County Commission
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	County Courthouse, Suite 105, Murfreesboro, Tennessee - 37130
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Director Lynn Duke
<b>Email Address:</b>	lduke@rutherfordcountyttn.gov
<b>Telephone Number:</b>	6158987954

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Clint Thomas	<b>Email Address:</b>	clintthomas@rutherfordcountyttn.gov

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

0

**Number of standards met:**

43

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-08-10
2. End date of the onsite portion of the audit:	2023-08-11

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	1. Child Advocacy Center of Rutherford County 2. Just Detention International 3. Tennessee Department of Children's Services

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	14
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	14
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>35</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>11</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	<p>8</p>
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>9</p>
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>Residents were interviewed from all open housing units.</p>
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Gender, race, ethnicity, and languages spoken were considered.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

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

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

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

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no allegations of sexual abuse.

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



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

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

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>2. RCJDC Training Curriculum</li> <li>3. RCJDC Website</li> <li>4. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Zero-Tolerance Policy – 9/22/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p>

**Findings (By Provision):**

**115.311 (a)**

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

Through corrective action, policy has been updated to include zero tolerance toward all forms of sexual abuse and sexual harassment (9/22/2023). The policy is in draft form and is awaiting approval. Additionally, the agency's website states the Rutherford County Juvenile Detention Center (RCJDC) shall be committed to a zero-tolerance standard for all forms of sexual abuse/assault/misconduct/harassment or rape within the facility. RCJDC and DCS policy includes definitions of prohibited behaviors and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents and sanctions for those found to have participated in such behaviors.

**115.311 (b)**

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

The Facility Director serves as the PREA Coordinator. The organizational chart specifies the position of the PREA Coordinator in the agency's organizational structure. The Facility Director confirmed she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA juvenile standards.

**115.311 (c)**

PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure.

The Sergeant serves as the PREA Compliance Manager. The organizational chart specifies the position of the PREA Compliance Manager in the agency's organizational structure. The PREA Compliance Manager confirmed he has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

**Conclusion and Corrective Action:**

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

	<p>the agency and facility is fully in compliance with this standard regarding zero tolerance of sexual abuse and sexual harassment and designation of an agency wide PREA Coordinator. Corrective action has been completed.</p> <p><b>115.311 (a)</b> Policy has been updated to include zero tolerance toward all forms of sexual abuse and sexual harassment (9/22/2023). The policy is in draft form and is awaiting approval.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making the compliance determination: Documents: 1. RCJDC Pre-Audit Questionnaire (PAQ)</p> <p><b>Findings (By Provision):</b> <b>115.312 (a)</b> N/A RCJDC does not contract with other facilities for the confinement of residents.</p> <p><b>115.312 (b)</b> N/A RCJDC does not contract with other facilities for the confinement of residents.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b> <b>Documents:</b> 1. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 2. Staffing Plan 3. Staffing Plan Assessments (2021-2023) 4. Shift Reports - PREA Unannounced Rounds 5. RCJDC Pre-Audit Questionnaire (PAQ)</p>

**Interviews:**

1. Superintendent or Designee (Facility Director)
2. PREA Coordinator
3. PREA Compliance Manager
4. Intermediate or Higher-Level Facility Staff

**Site Review Observations:**

Observations during onsite review of facility

**115.313 (a)**

PAQ: Since the 2020 PREA audit:

1. The average daily number of residents: 17
2. The average daily number of residents on which the staffing plan was predicated: 17

The auditor reviewed the facility staffing plan for verification the staffing plan is fully inclusive of the standard provision requirements.

The Facility Director and PREA Compliance Manager confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

**115.313 (b)**

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

The Facility Director stated there has been no circumstances in which the facility has been unable to meet the requirements of the staffing plan. The facility documents all instances of non-compliance with the staffing plan with shift reports and includes an explanation for non-compliance.

The auditor reviewed shift reports and incident reports for verification the instances are documented and include an explanation. The auditor observed the documentation discusses when a staff member is required to leave their post, an alternate staff member is often posted in the area until they return.

**115.313 (c)**

PAQ: The facility is obligated by law, regulation, or judicial consent decree to

maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 13
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 7

The Facility Director confirmed the ratios are 1:8 and 1:16.

**PREA Site Review:**

During the site review of the facility the auditor observed all areas where residents were present were compliant with required staffing ratios.

**115.313 (d)**

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

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

The PREA Coordinator confirmed being consulted regarding any assessments of, or adjustments to, the staffing plan for RCJDC. The assessments are documented through the Facility Annual Staffing Report.

The auditor reviewed the 2021-2023 Facility Annual Staffing Assessment for verification they are inclusive of the standard provision requirements.

**115.313 (e)**

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

DCS Policy 18.8 (page 11) YDC/Agency includes in the Post Orders search procedures for intermediate level or higher-level supervisors to conduct and document unannounced search rounds to identify and deter staff sexual abuse and sexual harassment. Post Orders must include these search procedures for both day and night shifts.

The auditor reviewed documentation showing that unannounced security checks (PREA Checks) are occurring as required by policy and the standard provision. The facility records the unannounced rounds on the PREA Checks section of the shift



	<p>reports.</p> <p>An interview with the Sargeant confirmed he conducts unannounced rounds. They are conducted on all shifts and he stated he does not announce the rounds are occurring. He documents the rounds in shift reports.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. No corrective action is required.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Standard Operating Procedures (SOP)</li> <li>2. RCJDC Transgender Search Request Form</li> <li>3. Guidance in Cross-Gender and Transgender Pat Searches Curriculum</li> <li>4. Staff Training Records</li> <li>5. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> <li>2. Random sample of Residents</li> <li>3. Transgender or Intersex Residents</li> </ol> <p><b>Site Review Observations:</b> Observations during onsite review of facility</p> <p><b>Findings (By Provision):</b> <b>115.315 (a)</b> PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0</li> <li>2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0</li> </ol> <p>RCJDC SOP (page 93) JDC staff shall not conduct a strip search, nor shall JDC allow a</p>

strip search to be conducted in the facility. Cavity searches shall only be conducted by a physician if there is a reasonable suspicion that a detainee is harboring contraband.

The auditor observed the search rooms. They are not under video surveillance and don't allow for cross-gender viewing. Staff explained the searches process and confirmed that searches are completed by staff of the same gender as the resident being searched.

**115.315 (b)**

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

In the past 12 months:

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

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

**115.315 (c)**

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

RCJDC SOP (page 93) Any cross-gender sixteen-point searches will be documented with an explanation as why it was necessary.

**115.315 (d)**

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

RCJDC SOP (page 87) When a staff member of the opposite sex enters a housing unit they will announce loudly "Male on the pod" or "Female on the pod" as necessary.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with

residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

**PREA Site Review:**

Residents are able to shower, perform bodily functions, and change clothing in the privacy of an individual restroom and shower. The auditor was not given an opportunity to observe cross-gender announcements.

**115.315 (e)**

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

No such searches occurred in the past 12 months.

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

No residents identified as transgender or intersex during the onsite phase of the audit.

**115.315 (f)**

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

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. Training is accomplished using the Guidance in Cross-Gender and Transgender Pat Searches Curriculum.

The auditor reviewed the Guidance in Cross-Gender and Transgender Pat Searches Curriculum and Staff Training Logs for verification the training is provided. Training was completed by 33 staff.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. PREA Posters (English and Spanish)
2. PREA Brochure (English and Spanish)
3. Resident PREA Video (English, Spanish, American Sign Language, and Closed Captioning)
4. LTC Language Solutions
5. Language Identification Flashcard
6. Systems Test of Interpreter Services
7. RCJDC Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Agency Head Designee (Facility Director)
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient)

**Site Review Observations:**

Observations during onsite review of facility

**Findings (By Provision):**

**115.316 (a)**

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

The facility provided a summary of how services would be provided to disabled residents. RCJDC's Transition & Life Skills Facilitator will contact Rutherford County Board of Education (RCBOE) Special Education Coordinator when a detainee with disabilities or who is limited English proficient needs services.

The Rutherford County Board of Education has access to a Braille machine and can produce any necessary documents. Depending on need, services could be provided by Bridges for the Deaf and Hard of Hearing, Tennessee Schools for the Deaf (Statewide School Support), and the Tennessee School for the Blind (Outreach Programs). Available interpreting services include (but are not limited to) ALS interpreting, Communication Access Real-time Translation (CART) Services, Video Remote Interpreting (VRI) and Deaf Interpreting Teams. Available instructional support services include (but are not limited to) behavioral assessment/ consultations, classroom observation/consultations, program consultation, resources and materials, comprehensive audiological evaluations, auditory processing screenings/evaluations, k-12 Parent outreach, functional visual assessments, orientation, and mobility assessments. These services will be provided at no charge through the RCBOE.

Additionally, LTC Language Solutions provides American Sign Language interpreting services for residents who are deaf or hard of hearing.

The facility adopted the newly developed PREA Education Video available from the

PREA Resource Center. The video is available in English, Spanish, ASL, and Closed Captioning.

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

There were no residents with disabilities who were identified during the onsite audit.

**115.316 (b)**

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

RCJDC uses LTC Language Solutions for professional interpreting services. PREA posters and brochures are available in English and Spanish. The facility adopted the newly developed PREA Education Video available from the PREA Resource Center. The video is available in English, Spanish, ASL, and Closed Captioning.

No residents were identified as limited English proficient. The auditor tested access to LTC Language Solutions by following instructions provided on an instructional poster located in intake and the medical department.

**PREA Site Review:**

The auditor observed a Language Identification Flashcard used to identify languages spoken and LTC Language Solutions instructional posters for obtaining interpreter services. The auditor reviewed posters and brochures available in English and Spanish. The auditor observed the resident PREA video is available in in English, Spanish, ASL, and Closed Captioning.

**115.316 (c)**

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

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

Staff interviews confirmed the agency would use a Spanish speaking staff member or a language service for interpretation. No staff interviewed had any knowledge of

	<p>resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Criminal Background Record Checks</li> <li>2. Child Abuse Registry Checks</li> <li>3. Employee Questionnaires</li> <li>4. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Consideration Incidents of Sexual Harassment - 9/22/2023</li> <li>2. Applicant Reference Checks Form for Prior Institutional Employers - 8/28/2023</li> <li>3. Contract Employees Criminal Background Record Checks - 9/22/2023</li> <li>4. Contract Employees Child Abuse Registry Consultations - 9/22/2023</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Administrative (Human Resources) Staff</li> </ol> <p><b>Findings (By Provision):</b> <b>115.317 (a)</b> PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);</li> <li>2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</li> </ol> <p>The auditor reviewed employee questionnaires for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct</p>

were asked and answered.

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

**115.317 (b)**

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

Through corrective action, consideration of any incidents of sexual harassment has been added to the questions about previous misconduct asked at hire (09/22/2023).

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

**115.317 (c)**

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 13 (The PAQ incorrectly states 25.)
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

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

The auditor reviewed Criminal Background Record Checks and Child Abuse Registry Checks

for personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision. Through corrective action, the facility developed and implemented an applicant reference check for contacting all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (8/28/2023).

**115.317 (d)**

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

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 2 (The PAQ incorrectly states 1.)
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

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

The auditor reviewed records of medical staff who might have contact with residents for verification they are conducted in compliance with the standard provision. Through corrective action, the staff completed Criminal Background Record Checks and Child Abuse Registry Checks (9/22/2023).

**115.317 (e)**

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

Background checks for all employees and contractors are conducted every five years. The auditor reviewed examples for verification.

**115.317 (f)**

Policy S 3.21 (page 1) states the hiring authority shall ask all applicants and employees, contractors, volunteers, and interns who may have contact with youth directly about previous misconduct. The information shall be captured on the application reference checks permission record form.

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

**115.317 (g)**

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



	<p><b>115.317 (h)</b> The HR staff confirmed they would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.</p> <p><b>115.317 (b)</b> Consideration of any incidents of sexual harassment has been added to the questions about previous misconduct asked at hire (09/22/2023).</p> <p><b>115.317 (c)</b> The facility developed and implemented an applicant reference check for contacting all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (8/28/2023).</p> <p><b>115.317 (d)</b> Contract medical staff completed Criminal Background Record Checks and Child Abuse Registry Checks (9/22/2023).</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Facility Schematics</li> <li>2. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee (Facility Director)</li> <li>2. Interview with the Facility Director</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.318 (a)</b> PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>The Facility Director confirmed the facility would consider the ability to protect</p>

	<p>residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p><b>115.318 (b)</b>  PAQ: The agency or facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Facility Director confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p><b>Conclusion:</b>  Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technology. No corrective action is required.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. DCS Policy 14.25 Special Child Protective Services Investigations</li> <li>2. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding</li> <li>3. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Random Sample of Staff</li> <li>3. Residents who Reported a Sexual Abuse - N/A</li> <li>4. Interview with SAFE’s/SANE’s</li> </ol> <p><b>Site Review Observations:</b>  Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b>  <b>115.321 (a)</b>  PAQ: RCJDC is not responsible for conducting administrative investigations or</p>

criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

The Tennessee Department of Children's Services (DCS) Special Investigative Unit is responsible conducting administrative sexual abuse investigations. DCS investigators work directly with Murfreesboro Police Department and the Rutherford County Sheriff's Department for criminal sexual abuse investigations. RCJDC does conduct an internal review to determine how to report allegations for an investigation.

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

**115.321 (b)**

RCJDC is not responsible for conducting any form of criminal or administrative sexual abuse investigations.

**115.321 (c)**

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

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

Rutherford County has an interagency agreement that provides access to forensic medical examinations at the DCS Our Kids Program. The examinations are performed by qualified medical practitioners without financial cost to the juveniles. Our Kids is a Nashville nonprofit that provides expert medical evaluations and crisis counseling in response to concerns of child sexual abuse. Our Kids offers free 24/7 coverage to 47 Middle Tennessee counties. The auditor contacted Our Kids to confirm availability of the services.

**115.321 (d)**

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

Rutherford County has an interagency agreement that provides access to qualified victim advocates through the Child Advocacy Center (CAC) of Rutherford County,

Inc. The auditor contacted the Director of the CAC and confirmed availability of victim advocacy services. Additionally, the auditor reviewed the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding for verification the facility makes a victim advocate from the CAC available to victims of sexual abuse.

**115.321 (e)**

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

Rutherford County has an interagency agreement that provides access to qualified victim advocates through the Child Advocacy Center (CAC) of Rutherford County, Inc. The auditor contacted the CAC Family Services Coordinator and confirmed availability of victim advocacy services. Additionally, the auditor reviewed the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding for verification emotional support services are available.

The Facility PREA Compliance Manager confirmed a qualified victim advocate would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. There were no residents, who reported a sexual abuse, present during the onsite audit.

**115.321 (f)**

PAQ: RCJDC is not responsible for criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations. DCS policy outlines they are the responsible agency, and they follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations for verification they would be the responsible entity for criminal investigating allegations of sexual abuse.

**Conclusion:**

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. DCS Policy 14.25 Special Child Protective Services Investigations
2. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding
3. Rutherford County Child Protective Investigation Team Investigative Protocol
4. Investigative Reports
5. RCJDC Pre-Audit Questionnaire (PAQ)

**Interview:**

1. Agency Head Designee (Facility Director)

**Findings (By Provision):**

**115.322 (a)**

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

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: 0
2. The number of allegations resulting in an administrative investigation: 0
3. The number of allegations referred for criminal investigation: 0
4. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

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

The Facility Director stated RCJDC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. She stated several agencies are responsible for investigations including: local law enforcement, the Tennessee Department of Children's Services Child Protective Services, the Tennessee Bureau of Investigations.

The auditor reviewed 4 reports internal reviews. The investigative reports concluded the allegations did not meet the PREA standard 115.316 definitions of sexual abuse or sexual harassment.

**115.322 (b)**

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

	<p>The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: <a href="https://rutherfordcountyttn.gov/jdc/misconduct-reports">https://rutherfordcountyttn.gov/jdc/misconduct-reports</a></p> <p>There were no referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p><b>115.322 (c)</b></p> <p>The auditor reviewed the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding and the Rutherford County Child Protective Investigation Team Investigative Protocol.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.</p>
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<b>115.331</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Training Curriculum/PowerPoint</li> <li>2. Staff Training Records</li> <li>3. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Updated Training Curriculum - 9/22/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Random Sample of Staff</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.331 (a)</b></p> <p>PAQ: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p>By reviewing documentation provided, the auditor was unable to determine the following training topics are included in staff training.</p> <ol style="list-style-type: none"> <li>1. The right of residents and employees to be free from retaliation for reporting</li> </ol>

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. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
4. Relevant laws regarding the applicable age of consent.

Staff interviewed confirmed they have received training. The auditor reviewed staff training records for verification PREA training is received. Through corrective action, the facility updated the training curriculum to be fully inclusive of the required training topics (9/22/2023).

**115.331 (b)**

PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

**115.331 (c)**

PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually

The PAQ indicates each employee undergoes a yearly in-service training consisting of all courses required and listed in the SOP and DCS standards. Furthermore, reinforcement trainings on specific subject matter are conducted as needed and at random.

The auditor reviewed the training curricula and staff training records for 2022 and 2023.

**115.331 (d)**

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

The auditor reviewed 29 staff training records for 2022 and 2023. Staff sign that they have received training.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding employee training. Corrective action has been completed.

**115.331 (a)**

By reviewing documentation provided, the auditor was unable to determine the following training topics are included in staff training.

1. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment

	<p>2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures</p> <p>3. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents</p> <p>4. Relevant laws regarding the applicable age of consent.</p> <p>The facility updated the staff training curriculum to be fully inclusive of the required training topics (9/22/2023).</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Training Curriculum/PowerPoint</li> <li>2. Volunteer PREA Acknowledgement Statements</li> <li>3. Specialized Training Records for Medical and Mental Health Staff</li> <li>4. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Annual Training for Medical and Mental Health Care Staff - 9/22/2023</li> </ol> <p><b>Interviews:</b></p> <p>Volunteers or Contractors who have Contact with Residents</p> <p><b>Findings (By Provision):</b></p> <p><b>115.332 (a)</b></p> <p>PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The number of volunteers and contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 14</p> <p>Volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Interviews with 2 volunteers confirmed they have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed the PREA Acknowledgement Statements and Post Tests for verification the training was</p>



	<p>received.</p> <p>Interviews with contract medical staff and document review revealed a need for training. Through, corrective action, the training was conducted, and training records were provided to the auditor (9/22/2023).</p> <p><b>115.332 (b)</b> PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Interviews with contract medical staff and document review revealed a need for training on topics required by standard 115.331. Through, corrective action, the training was conducted, and training records were provided to the auditor (9/22/2023).</p> <p><b>115.332 (c)</b> PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The auditor reviewed the documented training records for volunteers and contractors.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. Corrective action is complete.</p> <p><b>115.332 (b)</b> The contract medical staff completed the training required by standard 115.331, and training records were provided to the auditor (9/22/2023).</p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. PREA Posters (English and Spanish)</li> <li>2. PREA Brochure (English and Spanish)</li> <li>3. Resident PREA Video (English, Spanish, American Sign Language, and Closed Captioning)</li> <li>4. LTC Language Solutions</li> </ol>

5. Language Identification Flashcard
6. Systems Test of Interpreter Services
7. PREA Acknowledgement Form for Intake
8. PREA Education Session Attendance Record for Comprehensive Education
9. RCJDC Pre-Audit Questionnaire (PAQ)

**Documents (Corrective Action):**

1. New PREA Brochure (English and Spanish) - 7/27/2023
2. Pictures of Posted PREA Brochures - 8/23/2023

**Interviews:**

1. Intake Staff
2. Random Sample of Residents

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.333 (a)**

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.

Of residents admitted during the past 12 months, the number who were given this information at intake: 308

The intake staff demonstrated the intake process. Youth sign a PREA Acknowledgement Form, confirming they have received the What You Should Know About Sexual Assault and Sexual Abuse Pamphlet during the intake process. A copy of the acknowledgment is maintained in the youth's case file. The pamphlet includes information about the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The auditor reviewed the pamphlet and determined it to be inclusive of the information required during the intake process.

The auditor reviewed PREA Acknowledgement Forms to verify residents have been provided the PREA Pamphlet at intake. For all 10 residents the advisement forms were completed during intake.

The auditor reviewed historical documentation for the 12-month audit period. For all 13 residents the acknowledgement forms were completed during intake.

**115.333 (b)**

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 75

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education by watching a video. The video is shown

in the education room.

The auditor reviewed PREA Education Session Attendance Records for residents interviewed and the past 12 months to verify the residents watched the PREA Video within 10 days of intake. All were within 10 days.

To improve resident comprehensive PREA education the facility adopted the newly developed PREA Education Video available from the PREA Resource Center.

**115.333 (c)**

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

The Intake Staff stated all residents are educated with the PREA brochure and newly updated and implemented PREA video.

**115.333 (d)**

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

The facility provided a summary of how services would be provided to disabled residents.

RCJDC's Transition & Life Skills Facilitator will contact Rutherford County Board of Education (RCBOE) Special Education Coordinator when a detainee with disabilities or who is limited English proficient needs services.

The Rutherford County Board of Education has access to a Braille machine and can produce any necessary documents. Depending on need, services could be provided by Bridges for the Deaf and Hard of Hearing, Tennessee Schools for the Deaf (Statewide School Support), and the Tennessee School for the Blind (Outreach Programs). Available interpreting services include (but are not limited to) ALS interpreting, Communication Access Real-time Translation (CART) Services, Video Remote Interpreting (VRI) and Deaf Interpreting Teams. Available instructional support services include (but are not limited to) behavioral assessment/ consultations, classroom observation/consultations, program consultation, resources and materials, comprehensive audiological evaluations, auditory processing screenings/evaluations, k-12 Parent outreach, functional visual assessments, orientation, and mobility assessments. These services will be provided at no charge through the RCBOE.

Additionally, LTC Language Solutions provides American Sign Language interpreting services for residents who are deaf or hard of hearing.

RCJDC uses LTC Language Solutions for professional interpreting services. PREA posters and brochures are available in English and Spanish. The facility adopted the newly developed PREA Education Video available from the PREA Resource Center. The video is available in English, Spanish, ASL, and Closed Captioning.

The facility adopted the newly developed PREA Education Video available from the

	<p>PREA Resource Center. The video is available in English, Spanish, ASL, and Closed Captioning.</p> <p>During the onsite phase of the audit, no residents were identified as having a disability or as being limited English proficient.</p> <p><b>115.333 (e)</b> PAQ: The agency maintains documentation of resident participation in PREA education sessions.</p> <p>The auditor reviewed the PREA Acknowledgement Forms to verify residents have been provided the PREA Brochure at intake and the PREA Education Session Attendance Records to verify residents watched the PREA Video.</p> <p><b>115.333 (f)</b> PAQ: The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>Through corrective action, the facility updated the PREA Brochure. The facility provided pictures of the posted brochures (8/23/2023). The brochure is in English and Spanish and posted next to the telephones in the living units, intake, and in the medical department. The brochures are readable and accessible, accurate and consistent. The brochures contain information about PREA, including how to report sexual abuse and sexual harassment, as well as a toll-free hotline phone number. Also, the residents are given the “What You Should Know About Sexual Abuse and Sexual Harassment Brochure at intake.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. Corrective action is complete.</p> <p><b>115.333 (f)</b> The facility developed a new PREA brochure (7/27/2023). The brochure includes internal reporting methods and is posted to the living unit telephones, intake, and the medical department. Pictures of the posted brochures were provided to the auditor (8/23/2023).</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p>

1. Training Curriculum/PowerPoint
2. Staff Training Records
3. RCJDC Pre-Audit Questionnaire (PAQ)

**Document (Corrective Action):**

1. NIC Training Certificate: Investigating Sexual Abuse in a Confinement Setting

**Interviews:**

1. Investigative Staff (Internal Administrative Review)

**Findings (By Provision):**

**115.334 (a)**

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

RCJDC does not conduct administrative or criminal sexual abuse investigations. However, the facility does perform an internal review to determine if allegations meet the definition of a sexual harassment or sexual abuse.

Through corrective action, the PREA Compliance Manager completed the NIC PREA training for Investigating Sexual Abuse in a Confinement Setting (9/26/2023).

**115.334 (b)**

Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Through corrective action, the PREA Compliance Manager completed the NIC PREA training for Investigating Sexual Abuse in a Confinement Setting (9/26/2023).

**115.334 (c)**

PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 1

The auditor reviewed the NIC certificate for PREA: Investigating Sexual Abuse in a Confinement Setting and the annual training required by standard 115.331. The training was completed by the PREA Compliance Manager.

**Conclusion and Corrective Action:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. Corrective action is complete.

**115.334 (b)** The PREA Compliance Manager completed the NIC PREA training for Investigating Sexual Abuse in a Confinement Setting (9/26/2023).

**115.335 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. Training Curriculum/PowerPoint
2. Specialized Training Records: Medical and Mental Health Care Standards
3. RCJDC Pre-Audit Questionnaire (PAQ)

**Documents (Corrective Action):**

1. Training Records: Annual Training Required by Standard 115.331 - 9/27/2023

**Interviews:**

Interviews with Medical and Mental Health Staff

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.335 (a)**

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 5
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

RCJDC 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.

The auditor reviewed training sign-in sheets for verification that the 5 contract medical staff have received the specialized training topics. Additionally, interviews with medical and mental health staff confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment.

**115.335 (b)**

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

Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the detention center.

	<p><b>115.335 (c)</b> PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>Training is documented with sign-in sheets. The auditor reviewed the sign-in sheets showing 5 contract medical staff have received specialized training topics.</p> <p><b>115.335 (d)</b> Medical and mental health care practitioners have received the training mandated for employees under § 115.331. Medical and mental health care practitioners have received the training mandated for contractors and volunteers under § 115.332, depending upon the practitioner’s status at the agency.</p> <p>The training required by §115.331 was accomplished through corrective action (9/27/2023). The auditor reviewed training records for verification the 5 contract medical staff have received the training.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training for medical and mental health care. Corrective action has been completed.</p> <p><b>115.335 (d)</b> The training required by §115.331 was accomplished through corrective action (9/27/2023). The auditor reviewed training records for verification that the 5 contract medical staff have received the training.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>2. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization</li> <li>3. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. PREA Compliance Manager</li> <li>3. Staff Responsible for Risk Screening</li> <li>4. Random Sample of Residents</li> </ol>

**Findings (By Provision):**

**115.341 (a)**

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 308
2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100%

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

RCJDC completes DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization on all residents who enter the facility. Residents' risk of sexual abuse victimization or sexual abusiveness toward other residents is reassessed every three months.

The auditor reviewed completed risk assessments for verification they are completed within 72 hours of entry into the facility. Thirteen assessments were reviewed for the 12-month audit period. All 13 risk assessments were completed within 72 hours of intake. Ten assessments were reviewed for residents interviewed. All 10 assessments were completed within 72 hours of intake. The auditor reviewed 12 risk reassessments conducted at 90 day intervals for the 12-month audit period and residents interviewed. Six of the reassessments were conducted past 90 days, usually within a few days.

The intake staff demonstrated the screening process. The screening process occurs at the intake desk, ensuring as much privacy as possible. He confirmed he screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. He stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents and reviewing any available information. He confirmed resident's risk levels are reassessed every 90 days.

Residents interviewed confirmed when they first came to the facility, they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual, or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They



stated they were asked these questions the first day at the facility.

**15.341 (b)**

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

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

**115.341 (c)**

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

- a. Prior sexual victimization or abusiveness;
- b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident's own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

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

**115.341 (d)**

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

The interview with the intake staff responsible for risk screening confirmed the information is ascertained through conversations with the residents using the risk assessment tool. All available information is reviewed.

**115.341 (e)**

The PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. The information is available on a need to know basis for safety and security decisions and is securely maintained in a file cabinet in the intake area.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of

	victimization and abusiveness. No corrective action is required.
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>2. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization</li> <li>3. At-Risk Protocol section of DCS form CS-0946</li> <li>4. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Facility Director)</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> <li>4. Staff Responsible for Risk Screening</li> <li>5. Staff who Supervise Residents in Isolation - N/A</li> <li>6. Medical and Mental Health Staff</li> <li>7. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)</li> <li>8. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents</li> <li>9. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.342 (a)</b></p> <p>PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>The auditor reviewed the At-Risk Protocol section of DCS form CS-0946 for verification the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The auditor reviewed the At-Risk Protocol section of form CS-0946 for the 12-month audit period and residents interviewed. The protocol includes special housing recommendations, and placement and programming modifications.</p>

The PREA Compliance Manager/Staff Responsible for Risk Screening discussed how the facility uses information from risk screening during intake to keep residents safe and free from sexual abuse. Information obtained during the screening process plays a vital role in protecting residents. The screening tools allow RCJDC to identify a more vulnerable resident and implement at-risk-protocols or take measures to prevent and protect those individuals who may be more vulnerable to situations lending itself to sexual abuse. Those tools allow RCJDC to be proactive with housing assignments, programming, medical needs, emotional needs and general overall services.

**115.342 (b)**

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

The Facility Director confirmed RCJDC does not use isolation for residents at risk of sexual victimization.

**115.342 (c)**

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

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

No residents identified as lesbian, gay, bisexual, transgender, or intersex during the onsite phase of the audit.

Site review: The auditor observed the housing units. There was no particular housing, bed, or other assignments of lesbian, gay, bisexual, transgender, or intersex residents solely on the basis of such identification or status.

**115.342 (d)**

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

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

**115.342 (e)**

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

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

**115.342 (f)**

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

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

**115.342 (g)**

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

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

No residents identified as transgender or intersex.

**Site Review:** The auditor observed all resident showers are single in-room showers that provide privacy.

**115.342 (h)**

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:  
1. A statement of the basis for facility's concern for the resident's safety, and  
2. The reason or reasons why alternative means of separation cannot be arranged:  
N/A

No residents at risk of sexual victimization were held in isolation in the past 12 months. RCJDC does not use isolation for residents at risk of sexual victimization.

**115.342 (i)**

	<p>PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. RCJDC does not use isolation for residents at risk of sexual victimization.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605</li> <li>2. Youth Grievance Form</li> <li>3. PREA Poster</li> <li>4. Systems Test of the Grievance System</li> <li>5. Systems Test of External Reporting</li> <li>6. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. New PREA Brochure (English and Spanish) - 7/27/2023</li> <li>2. Pictures of Posted PREA Brochures - 8/23/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager</li> <li>2. Random Sample of Staff</li> <li>3. Random Sample of Residents</li> <li>4. Residents who Reported a Sexual Abuse</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b> <b>115.351 (a)</b> PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have</p>

contributed to such incidents.

Through corrective action, the facility developed a new PREA brochure (7/27/2023).

The brochure includes the following internal reporting methods:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or sick call slip.
- Report to the PREA Coordinator or PREA Compliance Manager.
- Tell a family member, friend, legal counsel, or anyone else outside the facility.

The facility provided pictures of the posted brochures (8/23/2023). The brochure is in English and Spanish and posted next to the telephones in the living units, intake, and in the medical department. The brochures are readable and accessible, accurate and consistent.

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

The auditor tested internal reporting by submitting a test grievance. The grievance was responded to the following day.

**115.351 (b)**

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

Residents detained solely for civil immigration purposes are provided contact information for the Mexican Consulate and Community Legal Center. Posters provide the Child Abuse Reporting Hotline as an external reporting method.

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

The auditor tested external reporting by calling the Tennessee DCS Child Abuse hotline.

**115.351 (c)**

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

	<p>Interviews with staff confirmed when a resident alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports immediately. Residents confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.</p> <p><b>115.351 (d)</b>  PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The PREA Compliance Manager confirmed the facility provides residents with access to tools to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. He stated the facility provides a safe and secure private area, writing utensil, a grievance form and any help needed to document an event. Additionally, when using a telephone for reporting, a safe secure and private location is made available.</p> <p><b>115.351 (e)</b>  PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: posters and training.</p> <p>Staff interviewed identified the Child Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. Corrective action is complete.</p> <p><b>115.351 (a)</b> The facility developed a new PREA brochure (7/27/2023). The brochure includes internal reporting methods and is posted to the living unit telephones, intake, and the medical department. Pictures of the posted brochures were provided to the auditor (8/23/2023).</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Youth Grievance Form</li> <li>2. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <p>Residents who Reported a Sexual Abuse</p> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>115.352</b></p> <p><b>Findings:</b></p> <p>This standard does not apply to RCJDC. All resident grievances regarding sexual abuse are investigated externally by DCS.</p> <p>PAQ: In the past 12 months: The number of grievances that were filed that alleged sexual abuse: 0</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding</li> <li>2. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Updated External Resources Poster (English and Spanish) - 7/27/2023</li> <li>2. New PREA Brochure (English and Spanish) - 7/27/2023</li> <li>3. Pictures of Posted Updated Posters and Brochures - 8/23/2023</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent of Designee (Facility Director)</li> </ol>



2. PREA Compliance Manager
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

**Findings (By Provision):**

**115.353 (a)**

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

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

RCJDC provides residents with outside access to victim advocates and immigrant service agencies by providing mailing addresses and telephone numbers. Residents detained solely for civil immigration purposes are provided contact information for the Mexican Consulate and Community Legal Center. Posters provide a list of phone numbers and/or mailing addresses for resident access to outside support services and legal representation. Phone numbers are listed for the following: the Child Abuse Reporting Hotline; and the Rutherford Child Advocacy Center (CAC).

Resident interviews revealed differing levels of knowledge of services available outside of the facility for dealing with sexual abuse if they ever need it. Through corrective action, the posters were updated to include a telephone number and mailing address for the CAC as well as identifying the CAC as a source for emotional support services related to sexual abuse (7/27/2023). The facility posted the updated posters next to the telephones in the living units, intake, and in the medical department (8/28/2023).

Additionally, the facility developed a new brochure that includes a telephone number for the CAC (7/27/2023). The brochure is in English and Spanish and also posted next to the telephones in the living units, intake, and in the medical department (8/28/2023).

The auditor reviewed the Interagency Agreement and Memorandum of Understanding to provide residents with emotional support services related to sexual abuse with the CAC. The auditor contacted the CAC Family Services Coordinator and confirmed victim advocacy is available to the youth at the facility.

The auditor called the CAC from the living unit telephones and confirmed calls could be made. For mailing letters, residents are provided with paper, envelopes and stamps. Letters are given to staff to mail.

**115.353 (b)**

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that

apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Through corrective action, the updated poster indicates CAC victim advocates are mandatory reporters and RCJDC staff will not monitor calls made to the CAC (7/27/2023). The posters are in English and Spanish.

**115.353 (c)**

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

The auditor reviewed the Interagency Agreement and Memorandum of Understanding to provide residents with emotional support services related to sexual abuse with the CAC.

**115.353 (d)**

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and to their parents or legal guardians through visitation, mail, and telephone. Residents are provided reasonable access to parents or legal guardians through visitation, mail, and telephone.

The Facility Director and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

**115.353 (a)**

- Posters were updated to include a telephone number and mailing address for the CAC as well as identifying the CAC as a source for emotional support services related to sexual abuse (7/27/2023).
- The facility developed a new brochure that includes a telephone number for the CAC (7/27/2023). The brochure is in English and Spanish and also posted next to the telephones in the living units, intake, and in the medical department (8/28/2023).
- The facility posted the updated posters next to the telephones in the living units, intake, and in the medical department (8/28/2023).

**115.353 (b)**

The updated poster indicates CAC victim advocates are mandatory reporters and RCJDC staff will not monitor calls made to the CAC (7/27/2023). The posters are in English and Spanish.

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Third-Party Reporting Website Publication: <a href="https://rutherfordcountyttn.gov/jdc/misconduct-reports">https://rutherfordcountyttn.gov/jdc/misconduct-reports</a></li> <li>2. Tennessee Mandatory Reporting Law</li> <li>3. Third-Party Test Report</li> <li>4. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. New PREA Brochure (English and Spanish) - 7/27/2023</li> <li>2. Pictures of Posted New Brochures - 8/23/2023</li> </ol> <p><b>§115.354</b></p> <p>PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>The RCJDC website includes information on making third-party reports of resident sexual abuse or sexual harassment. Reporters are instructed to call the Children's Protective Service Abuse Hotline at 1-877-237-0026.</p> <p>Through corrective action, third party reporting information is included in the newly developed PREA brochure (7/27/2023). The facility provided pictures of the posted brochures (8/23/2023). The brochure is in English and Spanish and posted next to the telephones in the living units, intake, and in the medical department. The brochures are readable and accessible, accurate and consistent.</p> <p><b>Systems Test:</b> The auditor successfully tested third-party reporting by calling the DCS Child Abuse Hotline at 1-877-237-0004.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding third-party reporting by providing multiple ways for third-party reporting. Corrective action is complete.</p> <p>Third party reporting information is included in the newly developed PREA brochure (7/27/2023). The facility provided pictures of the posted brochures (8/23/2023).</p>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. RCJDC Standard Operating Procedures (SOP)
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse and Sexual Harassment Incidents and Prison Rape Elimination Act (PREA)
3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
4. Incident Reports
5. RCJDC Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Superintendent or Designee (Facility Director)
2. PREA Compliance Manager
3. Random Sample of Staff
4. Medical and Mental Health Staff

**Findings (By Provision):**

**115.361 (a)**

PAQ: The agency requires all staff to report immediately and according to agency policy:

1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

RCJDC SOP (page 170) When a detainee makes any allegations of abuse, the allegations of abuse or neglect will be reported to the Tennessee Child Protective Services Hotline: 877-237-0026. Any RCJDC employee can help a youth with reporting abuse, neglect, harassment and retaliation by another youth or staff within the facility to allow for more than one method of reporting.

DCS Policy 18.8 (page 4) All YDC/Agency staff report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a YDC/Agency facility, whether or not it is a part of the agency; retaliation against children/youth or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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

**115.361 (b)**

PAQ: The agency requires all staff to comply with any applicable mandatory child

abuse reporting laws.

DCS Policy 18.8 (page 4) Duty to Report – Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, 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.

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

**115.361 (c)**

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

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

**115.361 (d)**

Interviews with the medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are mandated to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The nurse stated she has become aware of such incidents and reported them. The counselor stated she has not become aware of such incidents.

**115.361 (e)**

The Facility Director stated when the facility receives an allegation of sexual abuse the allegation is reported to DCS and local law enforcement and the victim's legal guardians as appropriate. If the victim is under the guardianship of the child welfare system, the allegation would be reported to the victim's caseworker. She stated a juvenile court would not retain jurisdiction over an alleged victim. She stated the residents are always in the custody of the State.

The PREA Compliance Manager stated allegations of sexual abuse are immediately reported to CPS and local law enforcement as applicable. The juvenile's parent/legal guardians are advised of the allegations. Notifications are made soon as applicable, but usually, no more than an hour of reporting events. If a juvenile court retains jurisdiction over the victim, the legal representative on file would be notified in the same time frame.

**115.361 (f)**

The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly DCS and local law enforcement.

	<p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>2. Agency Head Designee (Facility Director)</li> <li>3. Superintendent or Designee (Facility Director)</li> <li>4. Random Sample of Staff</li> </ol> <p><b>115.362 Findings:</b></p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>The Facility Director stated immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include cell placement, group assignments, computer alerts, incident reports, shift pass down reports, and no contact status.</p> <p>Staff interviewed stated if they learn a resident is at risk of imminent sexual abuse, immediate actions they would take to protect the resident would include moving the resident to an area where they are separate from potential harm; providing emotional support services; no contact status; and reclassification.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 1289 412"><b>The following evidence was analyzed in making the compliance determination:</b></p> <p data-bbox="280 427 472 461"><b>Documents:</b></p> <ol data-bbox="280 468 836 501" style="list-style-type: none"> <li>1. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p data-bbox="280 539 459 573"><b>Interviews:</b></p> <ol data-bbox="280 580 963 658" style="list-style-type: none"> <li>1. Agency Head Designee (Facility Director)</li> <li>2. Superintendent or Designee (Facility Director)</li> </ol> <p data-bbox="280 696 660 730"><b>Findings (By Provision):</b></p> <p data-bbox="280 736 464 770"><b>115.363 (a)</b></p> <p data-bbox="280 777 1417 978">PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p data-bbox="280 1016 1481 1095">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p data-bbox="280 1133 464 1167"><b>115.363 (b)</b></p> <p data-bbox="280 1173 1469 1252">PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="280 1290 464 1323"><b>115.363 (c)</b></p> <p data-bbox="280 1330 1449 1408">PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="280 1447 464 1480"><b>115.363 (d)</b></p> <p data-bbox="280 1487 1458 1644">PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="280 1682 1362 1760">In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p data-bbox="280 1798 1481 2045">The Facility Director explained what happens when the facility receives an allegation from another facility that an incident of sexual abuse or sexual harassment occurred in the facility. All allegations reported to have occurred will be referred to DCS for investigation and the director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. She confirmed no allegations of sexual abuse have been received from other facilities during the 12-month audit period.</p> <p data-bbox="280 2080 464 2114"><b>Conclusion:</b></p>

	Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.
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115.364	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Sexual Abuse Coordinated Team Response Plan</li> <li>2. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Staff First Responders</li> <li>2. Random Sample of Staff</li> <li>3. Residents who Reported a Sexual Abuse</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.364 (a)</b></p> <p>PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p>The auditor reviewed the RCJDC Sexual Abuse Coordinated Team Response Plan for verification the plan is inclusive of the standard provision requirements.</p> <p>Interviews with staff confirmed they are knowledgeable of their first responder</p>



	<p>duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p> <p><b>115.364 (b)</b>  PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:</p> <ol style="list-style-type: none"> <li>1. Request that the alleged victim not take any actions that could destroy physical evidence.</li> <li>2. Notify security staff.</li> </ol> <p>Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Sexual Abuse Coordinated Team Response Plan</li> <li>2. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Facility Director)</li> </ol> <p><b>115.365 Findings:</b>  PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Sexual Abuse Coordinated Team Response Plan coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse.</p> <p>The Facility Director stated the facility would follow the Sexual Abuse Coordinated</p>

	<p>Team Response Plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b> 1. RCJDC Pre-Audit Questionnaire (PAQ)</p> <p><b>Interview:</b> Agency Head Designee (Facility Director)</p> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.366 (a)</b> PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Facility Director confirmed RCJDC has not entered into or renewed any collective bargaining agreements.</p> <p><b>115.366 (b)</b> RCJDC has not entered into or renewed any collective bargaining agreements.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect residents from contact with abusers. No corrective action is required.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse and Sexual Harassment Incidents and Prison Rape Elimination Act (PREA)
2. Protections Against Retaliation Form
3. RCJDC Pre-Audit Questionnaire (PAQ)

**Interviews:**

1. Agency Head Designee (Facility Director)
2. Superintendent or Designee (Facility Director)
3. Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager)
4. Residents who Reported a Sexual Abuse

**Findings (By Provision):**

**115.367 (a)**

PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

The name(s) of the staff member(s): Clint Thomas

The title(s) of the staff member(s): PREA Compliance Manager

DCS Policy 18.8 (page 5) Retaliation or negative consequences for reporting sexual abuse/harassment or cooperating with sexual abuse/harassment investigations is not tolerated and may result in disciplinary action up to and including termination.

**115.367 (b)**

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

The auditor interviewed the Facility Director. The Facility Director stated it is agency policy to follow-up at certain intervals, provide separation or no contact status for individuals involved, and offer mental health services as needed.

The auditor interviewed the Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager). The PREA Compliance Manager stated the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or

sexual harassment investigations includes ensuring steps were taken from the outset. The two alleged individuals would be separated and have no contact with the other until completion of an investigation. He would initiate the retaliation form to track any retaliation until the 13th week or longer if needed. He confirmed he initiates contact with residents who have reported sexual abuse and status checks occur once a week.

There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported a sexual abuse.

**115.367 (c)**

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

- The length of time that the agency and/or facility monitors the conduct or treatment: 90 days
- The agency/facility acts promptly to remedy any such retaliation.
- The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- The number of times an incident of retaliation occurred in the past 12 months: 0

DCS Policy 18.8 (page 5) For a period of ninety (90) days following a report, the agency monitors the treatment of child/youth or staff that made a report and the child/youth that were reported to be abused to identify attempts at retaliation or negative consequences and act immediately to remedy any such actions.

Monitoring should include, but is not limited to:

- Child/youth disciplinary reports, housing, or program changes;
- Negative performance reviews or staff reassignments; and
- Periodic status checks of children/youth.

The Facility Director stated the measures she would take when he suspects retaliation would be to place staff on no contact status.

The PREA Compliance Manager stated things he looks for to detect possible retaliation includes changes in cell assignments, reports and behavior reports, any reassignment of duties, changes in hours or shifts, and changes in programming.

**115.367 (d)**

The Protections Against Retaliation Form is used to document periodic status checks.

The PREA Compliance Manager stated monitoring in the form of periodic status checks occurs for at least 90 days, and indefinitely if there is a concern that potential retaliation might occur.

The auditor reviewed the Protections Against Retaliation Form to verify retaliation monitoring would occur according to the standard requirements. The facility reported no allegations of sexual abuse or sexual harassment as defined by the

	<p>PREA standards.</p> <p><b>115.367 (e)</b> DCS Policy 18.8 (page 5) If any individual involved in a report expresses fear of retaliation, the YDC/Agency takes appropriate measures to protect the individual that includes segregated housing, as applicable, if voluntarily requested by the individual.</p> <p>The Facility Director confirmed if an individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. These measures would include following up at certain intervals, providing separation or no contact status for individuals involved, and offering mental health services as needed.</p> <p><b>115.367 (f)</b> DCS Policy 18.8 (page 5) The YDC/Agency’s responsibility to monitor terminates if the allegation is unfounded.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. DYS Policy S 14.3 B: Timeout, Seclusion, and Program Refusal</li> <li>2. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Facility Director)</li> </ol> <p><b>Findings:</b> PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>The Facility Director stated the facility does not use isolation.</p>

	<p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. DCS Policy 14.7 Special Child Protective Services Investigations</li> <li>2. DCS Policy 14.3 Screening, Response Priority and Assignment of Child Protective Services Cases.</li> <li>3. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. NIC Training Certificate: Investigating Sexual Abuse in a Confinement Setting</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Facility Director</li> <li>2. PREA Coordinator</li> <li>3. PREA Compliance Manager</li> </ol> <p><b>Site Review Observations:</b></p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.371 (a)</b> PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>DCS is responsible for investigating allegations of sexual abuse or sexual harassment. The RCJDC PREA Compliance Manager conducts an internal review to determine how to report allegations for investigation. The PREA Compliance Manager stated upon notification a review is initiated. The PREA Compliance Manager confirmed he handles anonymous or third-party reports of sexual abuse and sexual harassment are handled differently if the reporter is not in the confinement setting. The auditor reviewed the reports for allegations and observed they were received in a timely manner.</p> <p><b>115.371 (b)</b> Through corrective action, the PREA Compliance Manager completed the NIC PREA training for Investigating Sexual Abuse in a Confinement Setting (9/26/2023).</p>

**115.371 (c)**

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

CPS and local law enforcement complete external investigations. RCJDC completes internal reviews. The initial response includes conducting interviews, collection and preservation of circumstantial evidence, reviewing documentary evidence or video evidence, and reviewing past reports/cases.

**115.371 (d)**

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

The PREA Compliance Manager stated DCS, or local law enforcement does not terminate an investigation if the source of the allegation recants the allegation.

**115.371 (e)**

The PREA Compliance Manager stated when evidence indicates that a prosecutable crime may have taken place, it would be the responsibility of DCS and local law enforcement to consult with prosecutors before conducting compelled interviews.

**115.371 (f)**

The PREA Compliance Manager stated he judges the credibility of an alleged victim, suspect, or witness based on evidence. He stated under no circumstance, does he require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

**115.371 (g)**

The PREA Compliance Manager stated RCJDC completes internal reviews. DCS would conduct an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse.

**115.371 (h)**

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

**115.371 (i)**

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

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

The PREA Compliance Manager stated local law enforcement and the district attorney would make referrals for prosecution when there are substantiated

	<p>allegations of conduct that appears to be criminal.</p> <p><b>115.371 (j)</b> PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p><b>15.371 (k)</b> The PREA Compliance Manager stated DCS, and local law enforcement would be responsible for continuing an investigation when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.</p> <p><b>115.371 (l)</b> Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p><b>115.371 (m)</b> DCS, the Murfreesboro Police Department and the Rutherford Sheriff’s Department conduct administrative and criminal investigations into allegations of sexual abuse and sexual harassment.</p> <p>The Facility Director and PREA Coordinator stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation through communicating with DCS.</p> <p><b>Conclusion and Corrective Action:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding criminal and administrative agency investigations. Corrective action is complete.</p> <p><b>115.371 (b)</b> The PREA Compliance Manager completed the NIC PREA training for Investigating Sexual Abuse in a Confinement Setting (9/26/2023).</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Pre-Audit Questionnaire (PAQ)</li> <li>2. TN DCS Policy 14.25: Special Investigations Unit Child Protective Services Investigations</li> </ol> <p><b>Findings:</b></p>



	<p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>TN DCS Policy 14.25 (page 1) SIU is responsible for conducting investigations when the abuse or neglect involves children who are not in the legal custody of DCS, but they are under the supervision or care of an individual(s) functioning in an official employment or volunteer capacity within the following but not limited to:</p> <ul style="list-style-type: none"> <li>• Detention facilities</li> <li>• Licensed foster homes</li> <li>• Licensed day care/childcare agencies</li> <li>• Unlicensed daycare facilities with more than four (4) children not including children related to the unlicensed daycare provider</li> <li>• Schools</li> <li>• Religious organizations</li> <li>• Youth groups</li> </ul> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Juvenile Notification of Investigative Outcome Form</li> <li>2. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Facility Director)</li> <li>2. Residents who Reported a Sexual Abuse</li> </ol> <p><b>Findings (by provision):</b> <b>115.373 (a)</b> PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>In the past 12 months:</p>

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: N/A

The auditor interviewed the Facility Director. The Facility Director confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification residents are informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

**115.373 (b)**

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A

**115.373 (c)**

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

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

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.

**115.373 (d)**

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

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

	<p>2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.</p> <p><b>115.373 (e)</b> PAQ: The agency has a policy that all notifications to residents described under this standard are documented.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of notifications to residents that were made pursuant to this standard: 0</li> <li>2. The number of those notifications that were documented: N/A</li> </ol> <p>The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.</p> <p><b>115.373 (f)</b> An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.376 (a)</b> PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p><b>115.376 (b)</b> PAQ: In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of staff from the facility that have violated agency sexual abuse or</li> </ol>

	<p>sexual harassment policies: 0</p> <p>2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: N/A</p> <p><b>115.376 (c)</b>  PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p><b>115.376 (d)</b>  PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Facility Director)</li> </ol> <p><b>Findings (by provision):</b></p>

	<p><b>115.377 (a)</b> PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p><b>115.377 (b)</b> PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The Facility Director confirmed that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility takes remedial measures and prohibits further contact with residents.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Facility Director)</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.378 (a)</b> PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p>

In the past 12 months:

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

**115.378 (b)**

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

In the past 12 months:

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

The Facility director stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include loss of rewards and possibly being classified as a sex offender. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction.

**115.378 (c)**

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

The Facility Director stated mental disability or mental illness is considered when determining sanctions.

**115.378 (d)**

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based

	<p>incentives. Access to general programming or education is not conditional on participation in such interventions.</p> <p>The mental health staff stated if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions.</p> <p><b>115.378 (e)</b> PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p><b>115.378 (f)</b> PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p><b>115.378 (g)</b> PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse and Sexual Harassment Incidents and Prison Rape Elimination Act (PREA)</li> <li>2. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization</li> <li>3. Follow-up Meetings with Medical or Mental Health Practitioners</li> <li>4. MOU: The Guidance Center, a Division of Volunteer Behavioral Health Care System</li> <li>5. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p>

1. Staff Responsible for Risk Screening (PREA Compliance Manager)
2. Medical and Mental Health Staff
3. Residents who Disclose Sexual Victimization at Risk Screening

**Findings (by provision):**

**115.381 (a)**

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%

DCS Policy 18.8 (page 2) During the intake process, DCS form CS-0946, Prison Rape Elimination Act (PREA) Risk Assessment is administered to all children/youth within seventy-two (72) hours of admission to a YDC/Agency. If further screenings or assessments indicate a child/youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, designated staff ensures that the child/youth is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.

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

The auditor reviewed risk assessments and applicable follow-up services for residents who disclosed prior victimization during risk screening.

One resident was identified as reporting prior sexual victimization during risk screening, during the onsite phase of the audit. The resident stated he continued mental health services with a previously assigned practitioner.

**115.381 (b)**

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

DCS Policy 18.8 (page 2) During the intake process, DCS form CS-0946, Prison Rape Elimination Act (PREA) Risk Assessment is administered to all children/youth within



	<p>seventy-two (72) hours of admission to a YDC/Agency. If the screening indicates that a child/youth has previously perpetrated sexual abuse/harassment, whether it occurred in an institutional setting or in the community, designated staff ensure that the child/youth is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.</p> <p>The PREA Compliance Manager confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.</p> <p><b>115.381 (c)</b>  PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.</p> <p>Interviews with medical and mental health staff confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments.</p> <p>The auditor observed that information is securely maintained in a locked file cabinet in intake.</p> <p><b>115.381 (d)</b>  PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>The nurse stated informed consent is not required due to mandatory reporting laws. The counselor stated informed consent is required from residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p>

1. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding
2. RCJDC Pre-Audit Questionnaire (PAQ)

**Interviews:**

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

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.382 (a)**

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The auditor interviewed Medical and Mental Health Staff. They both stated the nature and scope of these services would be determined according to their professional judgement.

The Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding ensures resident victims of sexual abuse while incarcerated shall be offered timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate through the Rutherford Child Advocacy Center (CAC) and the Our Kids Center in Nashville.

**115.382 (b)**

PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

**115.382 (c)**

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff

	<p>maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>These services are provided through the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding.</p> <p>The medical and mental health staff interviewed confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.</p> <p><b>115.382 (d)</b>  PAQ: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.  Treatment services are provided to victims at no financial cost. RCJDC would be responsible for payment of medical and treatment expenses.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding</li> <li>2. MOU: The Guidance Center, a Division of Volunteer Behavioral Health Care System</li> <li>3. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p>

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

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (by provision):**

**115.383 (a)**

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

The auditor observed medical facilities during the site review and the mental health staff reported that behavioral health care would be offered at the facility. Additionally, services are available through the Volunteer Behavioral Health Care System and Rutherford County Child Advocacy Center (CAC).

**115.383 (b)**

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

**115.383 (c)**

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

**115.383 (d)**

The medical staff stated resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

**115.383 (e)**

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

The medical staff confirmed victims of sexual abuse would be offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**115.383 (f)**

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

The Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding would provide these services through Our Kids.

	<p>Medical staff confirmed victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p><b>115.383 (g)</b>  PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>RCJDC provides treatment services without financial cost to victims.</p> <p><b>115.383 (h)</b>  PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>The mental health staff confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.</p>
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<b>115.386</b>	<p><b>Sexual abuse incident reviews</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Standard Operating Procedures (SOP)</li> <li>2. Sexual Abuse Critical Incident Review Form</li> <li>3. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Facility Director)</li> <li>2. PREA Compliance Manager</li> <li>3. Incident Review Team</li> </ol> <p><b>Findings (by provision):</b></p> <p><b>115.386 (a)</b>  PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been</p>
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determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0

RCJDC SOP (page 170) Administration shall conduct any necessary incident reviews based on current PREA Standards.

**115.386 (b)**

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0

**115.386 (c)**

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

RCJDC SOP (page 170) Administration shall conduct any necessary incident reviews based on current PREA Standards.

The Facility Director confirmed the facility has a sexual abuse incident review team that includes administration and allows for input from line supervisors, investigators, and medical or mental health practitioners.

**115.386 (d)**

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

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

The auditor reviewed the Sexual Abuse Incident Review form. The form is inclusive of the standard requirements.

	<p><b>115.386 (e)</b> PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>The PREA Incident Review Team prepares a report of its findings, including any recommendations for improvement. The facility implements the recommendations for improvement or shall document its reasons for not doing so using the Sexual Abuse Incident Review form.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Standard Operating Procedure (SOP)</li> <li>2. Internal Investigation Files</li> <li>3. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)</li> <li>4. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b></p> <p><b>115.387 (a)</b> PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>RCJDC SOP (page 170) Administration will collect, review, and prepare data for purposes of meeting current PREA standards.</p> <p>The auditor reviewed the Special Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification the facility would use a standardized instrument and set of definitions.</p> <p><b>115.387 (b)</b></p>

	<p>PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>The auditor reviewed the aggregated data from 2022 and previous years.</p> <p><b>115.387 (c)</b> PAQ: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p><b>115.387 (d)</b> PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The auditor reviewed 4 internal investigation files for allegations that were determined not to meet the PREA definitions for sexual harassment or sexual abuse.</p> <p><b>115.387 (e)</b> The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>RCJDC does not contract with other facilities for the confinement of its residents.</p> <p><b>115.387 (f)</b> Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>The DOJ did not request RCJDC provide data from the previous calendar year.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data collection. No corrective action is required.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Standard Operating Procedure (SOP)</li> <li>2. Annual Reports (2017-2022)</li> <li>3. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol>



**Document (Corrective Action):**

1. Updated 2022 Annual Report - 9/26/2023

**Interviews:**

1. Agency Head Designee (Facility Director)
2. PREA Coordinator

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (by provision):**

**115.388 (a)**

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

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

RCJDC SOP (page 170) Administration will collect, review, and prepare data for purposes of meeting current PREA standards.

The PREA Coordinator confirmed the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The PREA Compliance Manager confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

**115.388 (b)**

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

The auditor reviewed the 2017-2023 annual reports. Trough corrective action, the 2022 annual report was updated to include an assessment of the agency's progress in addressing sexual abuse (9/26/2023).

**115.388 (c)**

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

The PREA Coordinator confirmed the Facility Director approves the annual reports.

The auditor observed the annual reports were published on the agency's website and approved by the Facility Director at <https://rutherfordcountyttn.gov/jdc>

**115.388 (d)**

	<p>PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>The PREA Coordinator stated all identifying information is redacted from the report.</p> <p>The auditor observed no personal identifiers were included in the annual reports. The report indicates names are redacted.  <a href="https://rutherfordcountyttn.gov/jdc">https://rutherfordcountyttn.gov/jdc</a></p> <p><b>Conclusion and Corrective Action:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data review for corrective action. Corrective action has been completed.</p> <p><b>115.388 (a)</b>  The 2022 annual report was updated to include an assessment of the agency’s progress in addressing sexual abuse (9/26/2023).</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. Annual Reports (2017-2022)</li> <li>2. RCJDC Pre-Audit Questionnaire (PAQ)</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p><b>Site Review Observations:</b>  Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b></p> <p><b>115.389 (a)</b>  PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p>

	<p><b>115.389 (b)</b> PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>The auditor observed the annual reports were published on the agency’s website and approved by the Facility Director at <a href="https://rutherfordcountyttn.gov/jdc">https://rutherfordcountyttn.gov/jdc</a>.</p> <p><b>115.389 (c)</b> PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>The auditor observed the annual reports were published on the agency’s website at <a href="https://rutherfordcountyttn.gov/jdc">https://rutherfordcountyttn.gov/jdc</a>. The auditor observed no personal identifiers.</p> <p><b>115.389 (d)</b> PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>The auditor reviewed historical sexual abuse data from 2017 through 2022.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. RCJDC Pre-Audit Questionnaire (PAQ)</li> <li>2. Interviews</li> <li>3. Research</li> <li>4. Policy Review</li> <li>5. Document Review</li> <li>6. Observations during onsite review of facility</li> </ol> <p>During the three-year period starting on August 20, 2013, and the current audit cycle, Rutherford County Juvenile Detention Center was audited in 2014, 2017, 2020, and 2023.</p> <p>The auditor was given access to, and the ability to observe, all areas of the audited</p>

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

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

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

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



	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

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

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

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

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

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



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

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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

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

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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes



	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

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

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

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



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

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

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

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

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes



	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

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

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

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

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

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

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



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

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes