

Middle 14

PREA AUDIT: AUDITOR'S FINAL REPORT

Juvenile Facilities

NATIONAL
PREA
RESOURCE
CENTER



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Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility: Tennessee Children's Home/Spring Hill Campus			
Physical address: 804 Branham Hughes Circle, Spring Hill, Tennessee 37174			
Date report submitted: July 11, 2014			
Auditor Information Jeff Rogers			
Address: 108 Bonnette Ave, Frankfort, Kentucky 40601			
Email: jraat02@gmail.com			
Telephone number: 502-320- 4769			
Date of facility visit: June 10-11, 2014			
Facility Information			
Facility mailing address: P.O. Box 10 Spring Hill, Tennessee 37174			
Telephone number: 931-486-2274			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Juvenile		
Name of PREA Compliance Manager: Dana Lawson		Title: HR/PQI Manager/PREA Compliance Manager	
Email address: dlawson@tennesseechildrenshome.org		Telephone number:	931-486-2274

Agency Information	
Name of agency: Tennessee Children's Home	
Governing authority or parent agency: <i>Tennessee Children's Home</i>	
Physical address: 804 Branham Hughes Circle, Spring Hill, Tennessee 37174	
Mailing address: P.O. Box 10	
Telephone number: 931-486-2274	
Agency Chief Executive Officer	
Name: Brian L. King	Title: President
Email address: Brian L. King	Telephone number: 931-486-2274 ext. 215
Agency-Wide PREA Coordinator	
Name:	Title:
Mail address:	Telephone number:

AUDIT FINDINGS

NARRATIVE: The PREA audit for the Tennessee Children's Home in Springhill, Tennessee was conducted June 10-11, 2014. The Tennessee Children's Home (TCH) was founded in 1909 as the Tennessee Orphan Home in Columbia, Tennessee. The current location was purchased in 1935. Since that time the TCH has branched out and now has four locations throughout Tennessee. The TCH receives referrals for residents from the Tennessee Department of Children's Services. The TCH is governed by a Board of Trustees and has a President who serves as the Chief Operating Officer. The President is directly responsible to the Board of Trustees.

The audit began on Tuesday morning at 8:30 a.m. with an opening meeting with the PREA Compliance Manager, Dana Lawson. The terms of the audit were discussed at this time. A tour was given the auditor by James McCune, Director of Treatment. All

areas of the facility were viewed by the auditor. After the completion of the tour, the auditor began interviewing staff and this process lasted the rest of the day. More staff and residents were interviewed on day two. A total of 15 staff interviews were conducted. The CEO of the TCH was out of the country at the time of the audit and his designee for this interview was the Spring Hill Campus Director Mike Yuhas. A total of eight residents were interviewed or 25 % of all residents. Resident interviews indicate that residents are aware of the PREA requirements. The same was true of staff interviews.

The TCH residents are included in the Tenn Care System which is a system where youth placed in private child care facilities are extended Medicaid benefits for medical, mental health, and other related services for out-of-home youth. This system is responsible for medical/mental health expenses unless a resident has private insurance. Thus all medical and mental health appointments and services are done with outside service providers. There are no medical or mental health staff at the TCH but all staff are trained in CPR/First aid as well as administering medications. A team of mental health coops monitor each youth who have medical/mental health medications prescribed on a weekly basis. A more thorough review is conducted monthly by a team of nurses who visits the TCH campus. A psychologist comes to the facility weekly as part of this system but is not employed by the TCH.

The TCH does not have investigative staff but relies on the Tennessee Department of Children's Services (DCS) Special Investigations Unit (SIU) for all investigations. Once an allegation is made the DCS SIU manages the conduct of the investigations and makes judgments about whether allegations are unsubstantiated, substantiated, or screened out (an allegation that does not meet the sex abuse or harassment criteria).

An exit interview was held between the auditor and Mike Yuhas, Campus Director, James McCune Director of Treatment, and Dana Lawson, PREA Compliance Manager. The auditor found all standards to be either compliant or non-applicable.

DESCRIPTION OF FACILITY CHARACTERISTICS: The TCH is situated on a large campus including a small fishing lake. The property is currently on the real estate market and negotiations for its sell are pending. A new facility has been designed and property has been purchased for a new site which is expected to be completed in three years. There are nine buildings on campus that also includes a swimming pool. There are six residential housing units. Each house has the necessary room for eight (8) residents and house parents. At any time only four housing units are open housing 32 residents. House parents work two weeks on and then have a week off. Residents are moved to another housing unit when the house parents are

off for a week. Thus only four housing units have residents at any one time. During nighttime hours from 9:00 p.m. to 6:00 a.m. the residents are monitored/supervised by wake night staff located in each housing unit. These staff conducts rounds every 15 minutes that are recorded on a log. The wake care staff use a system of baby monitors to ensure residents are in bed. The housing units nor any other parts of the campus do not use video monitoring as part of the supervision of youth. The TCH relies on staff coverage for supervising residents. There is a video monitoring system around the main administrative building parking lot. The facility also has a school, gymnasium, library, and administrative offices for the entire TCH system including housing the CEO, Brian L. King. The TCH is licensed by the state of Tennessee, Department of Children's Services.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	3
Number of standards met:	33
Number of standards not met:	0
Not Applicable:	5

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

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

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

Agency policy relating to PREA Zero Tolerance Policy

Agency Organization Chart

Interview with PREA Compliance Manager

§115.312 - Contracting with other entities for the confinement of residents

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

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

The Tennessee Children’s Home does not contract with additional entities for housing juveniles. The TCH receives referrals from the Tennessee Department of Children’s Services for its residents.

§115.313 – Supervision and Monitoring

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

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

Agency policy Zero Tolerance Policy; Tennessee Department of Children’ Services (TDCS) policies 27.15 and 27.38 relating to Youth Supervision. The TCH is required to follow the

TDCS policies related to supervising residents. Unannounced visits (while only required for secure programs) are conducted by the facility's treatment director and documented on a log for that purpose. These rounds are conducted at random at all hours of the day and night. There are no video surveillance cameras in use at the TCH to view residents and staff. Each cottage has house parents who live in the unit 24/7. At 9:00 p.m. a wake night staff is positioned in each housing unit and remains there until 6:00 a.m. The house parents are asleep at this time as are the residents thus residents are supervised constantly. The wake night staff conducts bed checks every 15 minutes and logs this information. There is also in use baby monitors so that the wake night staff can hear any noises coming from the bedrooms. The staffing ratio exceeds the requirement of the standards. At night there is a 1:3 staff to resident ratio, at least 1:4 throughout most of the day, although this is exceeded significantly because of school staff and aides present during the school hours. The facility exceeds the requirement of this standard.

§115.314 –Reserved

§115.315 – Limits to Cross-Gender Viewing and Searches

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

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

The TCH policy relating to Viewing and Searches.

The TCH does not conduct cross-gender pat down, strip searches or visual body cavity searches because policy does not allow any types of cross-gender searches including pat down searches; thus there is not training for cross-gender searches... At no time do staff ever do a search of any kind to determine genital status of a resident. Residents are able to shower one at a time while all other residents are in their rooms. Female staff always announce their presence when entering the sleeping and bathroom area. This information was obtained primarily from resident interviews.

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

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

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

Title VI Implementation Plan page 9; Protocol for Limited English Proficiency.
The TCH does not accept residents with IQs lower than 70. Interpreters are utilized if needed.
There is a Spanish Speaking staff member available should the need arise to provide translation services. At no times are residents allowed to provide translation services. There have not been any residents who could not speak English during the last several years or beyond. There is a Spanish translated PREA brochure for residents who cannot speak English.

§115.317 – Hiring and Promotion Decisions

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

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

The agency policy relating to Personnel/Employee/Contractor Background Checks.

The agency complies with its own policy that requires numerous back ground checks from different agencies. If any potential staff or contractor applicant does not meet these requirements, they will not be hired. Additional background checks are conducted annually on all staff, volunteers and/or contractors.

§115.318 – Upgrades to Facilities and Technology

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

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

Interviews with the Facility Campus Director and PREA Compliance Manager confirmed there have been no expansions or renovations at this campus. There are currently no video surveillance cameras in use. A new campus is being planned for the near future. Supervision of residents is most important in this design. While it is not known if video cameras will be utilized the housing unit designs are made to allow supervision and monitoring with as few staff as necessary to maintain security. Baby monitors will continue to be used at the new campus.

§115.321 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The TCH is required to have all investigations conducted according to the State Department of Children's Services guidelines. No investigators are employed by the TCH. The TCH follows instructions from the Department of Children's Services Investigative Unit (SIU) in matters relating to sexual abuse and harassment allegations and investigations. This includes using whatever hospital or emergency room that the SIU directs them to. Whenever an allegation is called in or communicated to the SIU they are the responsible agency for determining whether an allegation is founded or not. It is possible that an allegation is called in and then determined not to meet the criteria of a sexual assault or harassment charge. If so these are categorized as being screened out. The SIU complies with the current protocols listed in this standard. The TCH has contacted an area Rape Crises Center for services but no MOU has been established at this time. There is a new Emergency Room Hospital in Spring Hill that employs SANE and SAFE staff.

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy relating to Reporting Abuse/Neglect; The state agency responsible for sexual abuse and harassment DCS/SIU policy on investigations.

The Department of Children's Services Investigative Unit is responsible for all investigations.

§115.331 – Employee Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The TCH sexual assault and harassment training curriculum.

All staff have completed this training. This was verified by interviews with staff and review of training related records.

§115.332– Volunteer and Contractor Training

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

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

Agency Volunteer/contractor policy. There are no contractors employed by the TCH. There is one volunteer who has completed the necessary training.

115.333-Resident Education

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

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

The TCH educates and provides all PREA related material during the intake process which is done on the first and second day after arrival. Residents confirmed this to be true during interviews. Each resident signs off on receiving this education/training. Each resident is given a PREA brochure outlining what PREA is at the facility. Each resident also receives a resident handbook outlining PREA as well.

§115.334 – Specialized Training: Investigations

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

Non-Applicable

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

The TCH does not employ investigators. All investigation staff are employed by the Tennessee Department of Children's Services.

§115.335 – Specialized training: Medical and mental health care

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

X Non-Applicable

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

The TCH does not employ any medical or mental health staff. Community providers offer these types of services. Residents are taken to doctors in the area or to their home physicians. There is a local Emergency Room that provides emergency medical services if needed. A psychologist provides some mental health services but is not under contract or employed by TCH. He provides these services as part of a program for state agency youth under the Tenn Care Medicaid Program. There is also a Mental Health Cooperative that visits the facility weekly to monitor medications. Another team of nurses visits the facility monthly for a more thorough Medical/Mental Health assessment of residents. These staff are not employees of the TCH and are not under a contract with TCH but are part of the continuum of care for youth within the private child care system in Tennessee that is funded by Medicaid.

§115.341 – Screening for Risk of Victimization and Abusiveness

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

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

The DCS form CS-0946 used for risk assessments and the TCH PREA Zero Tolerance Policy.

The TCH conducts a series of assessments during the intake process. In addition to this, residents have been screened and assessed before arrival at TCH. The risk assessment conducted at the TCH is comprehensive in all matters relating to sexual abuse and harassment. Residents confirmed this information was taken during the intake process. The risk assessment is contained in each resident's case file.

§115.342 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The TCH Zero Tolerance Policy.

There have been no gay, bisexual, transgender or intersex residents at the TCH during at least the last 2 years. If a resident is identified as such, placement for housing is in a general population housing unit. Should the need arise a resident can be placed in a room with a single bed. Showering is always done separately for all resident. Policy requires a twice a year assessment for any transgender or intersex resident. There is no use of isolation at the TCH for any resident. Should it become necessary a resident can be transferred to another placement facility.

§115.343 – Reserved

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

§115.351 – Resident Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The resident reporting information is made available to residents during the resident's orientation and a handbook is provided each resident upon arrival. Resident and staff interviews confirmed the availability of various sources by which to make an allegation. The TCH does not employ a "hotline" but there is a statewide 800 number where anyone can make an allegation anonymously or through his case manager or anyone at the facility. Residents are aware of their right to also call their parents or other friend to make a report. These telephone numbers are also posted around the housing units.

§115.352 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The TCH policy relating to Grievances; and the Zero Tolerance Policy.

There is a resident grievance policy that includes all of the requirements of this standard. A grievance form can be obtained from any staff member and also may be found in the housing units. There are two drop boxes that a grievance be filed in. These boxes are checked daily by a staff member with a key. Currently only two staff members have this key. There was one allegation made by a resident but the DCS investigator ruled the grievance did not meet the qualifications of a sexual assault or harassment charge and was "screened out". Residents confirmed in interviews that they are able to talk privately with an attorney and their parents and to have third parties file grievances on their behalf. The agency allows grievances of a sexual assault or harassment allegation to be filed at any time after the alleged event occurs and there is no time limit.

§115.353 – Resident Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency makes available to residents phone numbers and addresses for various groups offering support for victims of sexual abuse and harassment. The TCH is also negotiating with several providers to develop a MOU with one of these groups. Resident interviews revealed youth are aware of how to make contact with one of the support groups currently available to them.

§115.354 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency's website is <http://www.tennesseechildrenshome.org> to report any type of abuse.

§115.361 – Staff and Agency Reporting Duties

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

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

The agency policy relating to PREA Zero Tolerance Policy

The staff are aware of their reporting responsibilities and sign an acknowledgement form to verify this. Interviews with random staff supported their knowledge of having to report an allegation to his immediate supervisor and DCS. There are no medical or mental health staff working at the TCH. The TCH staff work with a resident's DCS worker to ensure proper notification is given to interested parties.

§115.362 – Agency Protection Duties

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

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

The agency policy relating to PREA Zero Tolerance.

A protocol is in place to ensure if a resident is in imminent risk of being sexually abuse or harassed it will be responded to immediately. There have been no cases of such an event occurring in the last 12 months.

§115.363 – Reporting to Other Confinement Facilities

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

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

The agency policy relating to PREA Zero Tolerance.

There have been no occurrences in the last 12 months. A protocol is in place should an allegation be received from a resident while confined elsewhere.

§115.364 – Staff First Responder Duties

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

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

The agency policy relating to PREA Zero Tolerance.

Interviews with staff confirmed they have been trained in how to respond if they are the first person to respond. The agency has a first responder protocol in place that includes collection of evidence and to preserve and protect the scene from contamination.

§115.365 – Coordinated Response

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

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

The agency policy relating to PREA Zero Tolerance.

The TCH has a plan in place to coordinate various requirements of the standard. The DCS investigator takes a lead role in the coordinated response.

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

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

Non-Applicable

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

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

§115.367 – Agency protection against retaliation

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

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

The agency policy relating to Whistleblowing.

The HR/PQI Manager is responsible for tracking retaliation. She is assisted by the Director of Treatment. There have been no occurrences in the last 12 months.

§115.368 – Post-Allegation Protective Custody

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

X Non-Applicable

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

The TCH does not have or utilize segregation or isolation cells.

§115.71 – Criminal and Administrative Agency Investigations

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

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

The TCH does not have investigators. The DCS conducts investigations for the TCH and its policy/protocol meets the requirements of this standard under the guidelines outlined in DCS Policy # 14.25.

§115.372 – Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The DCS policy# 14.25 related to Special Child Protective Services Investigations. The policy defines the standard of preponderance of the evidence for determining whether the allegation is substantiated or not.

§115.373 – Reporting to Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

DCS Agency policy # 14.25 relating to Special Child Protective Services Investigations page 8 # 6-9. The policy spells out who is notified and is the responsibility of the investigator who coordinates with TCH staff.

§115.376 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The policy relating to Personnel page 38 relating to terminations.

The TCH Personnel Policies outlines the disciplinary process for staff up to and including termination. There have been no occurrences of staff being disciplined or fired as a result of a substantiated PREA complaint.

§115.377 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has each volunteer and contractor sign an acknowledgment form indicating they have received training about the PREA. There have been no volunteers or contractors who have been reported for sexual assault or harassment in the last 12 months. There are no contract staff at the TCH but the process is in place should one being hired.

§115.378 – Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Resident handbook and PREA Zero Tolerance Policy.

There have been no resident on resident sexual assault or harassment allegations in the last 12 months. Agency policy outlines the disciplinary process should an allegation be founded. Resident on resident sexual activity is prohibitive by policy. All aspects of the standard are covered in agency policy.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The TCH is a part of the Tenn Care alliance in Tennessee that has oversight of youth in private child care facilities. If screening and assessment reveals prior sexual victimization or perpetrator, Tenn Care would be responsible for ensuring that follow up meetings are provided to residents. Residents are aware of services being available through an outside source.

§115.382 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Should access to emergency services be needed there is Tri Star Emergency Room in Springhill. The costs would be paid through the Tenn Care alliance process for state agency residents in private child care facilities.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

As with standard 115.382 the Tenn Care Alliance would be responsible for ensuring that evaluation and treatment be provided should the need arise. There have been no residents reporting a sexual abuse allegation.

§115.386 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The TCH has a Sexual Abuse Review Team in place. If an event should occur the TCH protocol is the same as the DCS protocol. All requirements of this standard are reviewed if such an incident occurs. There have been no sexual abuse or harassment incidents in the last 12 months.

§115.387 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The TCH participated in the U.S. Department of Justice Survey of Sexual Violence. The TCH maintains records of all data generated daily. The TCH does not maintain investigative files because it does not conduct investigations at its site.

§115.388 – Data Review for Corrective Action

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

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

The TCH Annual PREA Report contains all necessary data for the previous 12 months.

§§115.389 – Data Storage, Publication, and Destruction

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

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

The TCH has completed an annual report. Its information does not put names or other personal identifiers in this report.

AUDITOR CERTIFICATION:

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

Jeff Rogers

July 11, 2014

Auditor Signature

Date