

PREA AUDIT: AUDITOR'S FINAL REPORT

W14

Juvenile Facilities

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]			
Name of facility: West Tennessee Children's Home/Pinson			
Physical address: 170 Frank Latham Road, Pinson, Tn. 38366			
Date report submitted: September 22, 2014			
Auditor Information Jeff Rogers			
Address: 108 Jeannette Ave, Frankfort, Kentucky 40601			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: September 16, 2014			
Facility Information			
Facility mailing address: 170 Frank Latham Road, Pinson, Tn. 38366			
Telephone number: 731-989-7335			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> 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: Larry Ivery			Title: Executive Director
Email address: larryivery@yahoo.com			Telephone number: 731-989-7335
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: Dana Lawson	Title: Continuous Quality Assurance Manager/PREA Manager	
Email address: DLawson@tennesseechildrenshome.org	Telephone number: 931-486-2274	

AUDIT FINDINGS

NARRATIVE: The PREA audit for the West Tennessee Children’s Home in Pinson, Tennessee was conducted September 16, 2014. The WTCH 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 the morning of September 16, 2014 at 8:45 a.m. The auditor met with the facility executive director and outlined the day’s events which would include a tour of the campus, a review of pertinent documentation, and interviews with staff and residents. There were 14 residents at the program on this day. The WTCH has 29 staff including teachers and aids. The auditor did a total of 13 staff interviews and ten (10) resident interviews, three of which were for residents who had filed a grievance for allegations of sexual harassment while at this campus.

The WTCH campus is spread out with campus living units along one road that is configured in a circle. There is also a school, gymnasium, maintenance buildings, and an administration building. There are currently three living units with a fourth setting empty currently. The WTCH 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 WTCH 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 WTCH campus. A psychologist comes to the facility weekly as part of this system but is not employed by the WTCH.

The WTCH 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 Tuesday, September 16, 2014 between the auditor and the executive director at the conclusion of the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS: The WTCH is situated on a large campus of 250 acres. At any time only three housing units are open housing 24 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 three housing units have residents at any one time. During the 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 hour, and every 15 minutes if a resident has a safety plan in place, and these rounds are recorded on a log. The housing units or any other parts of the campus do not use video monitoring as part of the supervision of youth. The WTCH relies on staff coverage for supervising residents. Half of the bedrooms at the WTCH have private baths and the others have a private bedroom but share a bathroom. Doors between the rooms are lockable from either side.

The WTCH employs a treatment model titled "Equip". It is utilized for the purpose of teaching residents how to deal with their problematic behavior by teaching residents to think and act responsibly through a peer helping approach. The WTCH has two counselors that provide additional assistance for residents as they progress through the program's level system. The average length of stay is four to six months. Home visits are allowed after the resident has progressed past the first level. On-

campus visits are also encouraged and telephone calls are allowed between home and the resident.

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/Executive Director

§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 West Tennessee Children's Home does not contract with additional entities for housing juveniles. The WTCH 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's Services (TDCS) policies 27.15 and 27.38 relating to Youth Supervision. The WTCH 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 executive 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 WTCH 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 hour, and every 15 minutes for residents who have in place a safety plan and logs this information. 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 WTCH policy relating to Viewing and Searches.

The WTCH 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 and staff 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 WTCCH does not accept residents with IQs lower than 70. Interpreters from a local college are utilized if needed. 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 and posted signs 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. These background checks were reviewed in staff member's personnel file.

§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 executive director confirmed there have been no expansions or renovations at this campus. There are currently no video surveillance cameras in use.

§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 WTCH is required to have all investigations conducted according to the State Department of Children's Services guidelines. No investigators are employed by the WTCH. The WTCH 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 WTCH has contacted an area Rape Crises Center for services but no MOU has been established at this time. Local law enforcement is called in if it appears criminal charges are involved.

§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. If necessary local law enforcement is called in when and if criminal charges are filed.

§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 WTCH 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 WTCH. 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 WTCH educates and provides all PREA related material during the intake process which is done on the first or 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 WTCH 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 WTCH 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 WTCH. 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 WTCH and are not under a contract with WTCH 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 WTCH PREA Zero Tolerance Policy.

The WTCH conducts a series of assessments during the intake process. In addition to this, residents have been screened and assessed before arrival at WTCH. The risk assessment conducted at the WTCH 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 WTCH Zero Tolerance Policy.

There have been no identified gay, bisexual, transgender or intersex residents at the WTCH 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 WTCH for any resident. Should it become necessary a resident can be transferred to another placement facility or in an interim period another cottage at the same 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 WTCH 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 WTCH 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 the executive director or his designee in his absence, with a key. There are currently three residents who have recently filed a grievance alleging that another resident on campus has been making unwanted advances toward these three residents. The investigation is ongoing at the time of this report. A safety plan was made for each of the three alleged victims. The alleged perpetrator remains on campus but is under constant supervision. These three alleged victims all reported feeling safe during interviews. 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 WTCH is negotiating with Women's/Men Resource and Rape Assistance Program to develop a MOU. At the time of the audit the only thing remaining to have this in place is a signature from the WTCH executive director. 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)
- 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 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 WTCH. The WTCH staff work with a resident's DCS worker to ensure proper notification is given to interested/required parties.

§115.362 – Agency Protection Duties

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

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

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. A safety plan is developed for each resident in need of protection. This plan outlines how staff will protect the victim. It generally requires an extra staff member to be present to ensure adequate safety is employed for each resident. Because the WTCH has several house cottages, a victim or perpetrator can be moved.

§115.363 – Reporting to Other Confinement Facilities

- 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 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 WTCH 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)
- 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 agency policy relating to Whistleblowing.

The WTCH executive director is responsible for tracking retaliation. 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 WTCH does not have or utilize segregation or isolation cells.

§115.71 – Criminal and Administrative Agency Investigations

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

DCS Policy # 14.25. If criminal charges are filed the local law enforcement agency conducts investigations that are in line with the requirement of this standard.

§115.372 – Evidentiary Standard for Administrative Investigations

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

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 WTCH staff. There is an assigned investigator for this program and this person coordinates information.

§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 WTCH 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 WTCH 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.

While there are three grievances being investigated no outcomes have been determined thus no sanctions are in place other that constant supervision of the alleged perpetrator. 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 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)

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

The WTCH 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 an emergency room in Jackson, Tennessee approximately 20 miles away. 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.

§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 WTCH has a Sexual Abuse Review Team in place. If an event should occur the WTCH protocol is the same as the DCS protocol. All requirements of this standard are reviewed if such an incident occurs.

§115.387 – Data Collection

- 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 WTCH participated in the U.S. Department of Justice Survey of Sexual Violence. The WTCH maintains records of all data generated daily. The WTCH 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)
- 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 WTCH 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)
- 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 WTCH 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

Auditor Signature

September 22, 2014

Date