

**REA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

West 17
115.393

Date of report: June 9, 2017

Auditor Information			
Auditor name: Robert Latham			
Address: 677 Idlewild Circle, Birmingham, Alabama, 35205			
Email: robertblatham@icloud.com			
Telephone number: (205) 746-1905			
Date of facility visit: April 25, 2017			
Facility Information			
Facility name: Tennessee Children's Home West			
Facility physical address: 170 Frank Latham Road, Pinson, Tennessee 38366			
Facility mailing address: <i>(if different from above)</i> same as above			
Facility telephone number: 731-989-7335			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Dr. Larry Ivery			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 24			
Current population of facility: 16			
Facility security levels/inmate custody levels: Non-Secure/State			
Age range of the population: 13-18			
Name of PREA Compliance Manager: Lee Ann Childers		Title: PREA Compliance Manager	
Email address: leeanntchw@yahoo.com		Telephone number: 731-989-7335	
Agency Information			
Name of agency: Tennessee Children's Home			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 804 Branham Hughes Circle, Spring Hill, Tennessee 37174			
Mailing address: <i>(if different from above)</i> same as above			
Telephone number: 931-486-2274			
Agency Chief Executive Officer			
Name: Brian L. King		Title: President	
Email address: bking@tennesseechildrenshome.org		Telephone number: 931-486-2274 ext. 215	
Agency-Wide PREA Coordinator			
Name: Dana Lawson		Title: HR/PQI Manager/ PREA Coordinator	
Email address: dlawson@tennesseechildrenshome.org		Telephone number: 931-486-2274 ext. 225	

AUDIT FINDINGS

NARRATIVE

The PREA audit for the Tennessee Children's Home (TCH) in Pinson, Tennessee was conducted April 25, 2017.

Notices of the PREA audit, along with contact information, were posted six weeks prior to the on-site audit. The PREA Coordinator emailed photographs of the posted audit notices for confirmation. A flash drive containing the TCH West Pre-Audit Questionnaire, DCS and TCH policies, the TCH mission statement, and documentation to support each standard was provided to the auditor prior to the on-site audit. The documentation was well organized and arranged by standard number.

Upon receipt and review of the flash drive, the auditor requested minimal additional documentation prior to the on-site audit. Some additional documentation was provided during the on-site audit and during the report writing period for clarification and additional support of the standards.

All items required by the PREA Pre-Audit Questionnaire were uploaded including:

- o Tennessee Children's Home Agency mission statement
- o Facility population reports for the 1st, 10th and 20th day of the month for the previous twelve months
- o TCH West Facility Schematic

The auditor communicated with the PREA Coordinator to discuss the tentative schedule of the on-site audit. The on-site audit was conducted April 25, 2017. After introductions and discussing the agenda for the day, the auditor proceeded with the facility tour, accompanied by the Campus Director. All areas of the facility were toured, including: living units, classrooms, administration, recreation areas, intake, etc.

PREA posters were located throughout the facility in both English and Spanish. They contained important PREA information and the DCS Child Abuse Hotline number. Information was provided for internal and external ways to report allegations of sexual abuse and sexual harassment and how to access community based services. Grievance boxes and forms were in areas accessible to the residents.

Following the tour, the auditor began interviewing staff and residents. During the on-site audit and by telephone afterward, the auditor interviewed the Agency Head, Facility Director, PREA Coordinator, PREA Compliance Manager, twelve (12) specialized staff, ten (10) randomly selected staff from all shifts, ten (10) randomly selected residents from both housing units, and one (1) resident who reported prior sexual victimization during intake. A total of thirty-seven (37) interviews were conducted. At the end of the day an exit briefing was conducted with the PREA Compliance Manager and the Campus Director.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Tennessee Children's Home (TCH) West is located at 170 Frank Latham Road, Pinson, Tennessee. The Facility has a 24-bed capacity for all male residents.

Tennessee Children's Home began in 1909 as the Tennessee Orphan Home in Columbia, Tennessee. It was created to meet the needs of the three Scotten children, who had been tragically orphaned. In 1935, the Home purchased the campus of the Branham and Hughes Military Academy and moved to Spring Hill, Tennessee. As with many of the old orphanages, the Home was designed as an institutional facility with central dining, central laundry, dormitory living, and a small farming operation. The approach to child care was to provide the basic physical needs of children and to offer Christian instruction. The number of children served grew dramatically throughout the decades, and in late 1982, the name was changed to Tennessee Children's Home. The institutional approach was replaced with family oriented group homes. Dormitories were remodeled into single-family homes, with a maximum of eight children in each home. Central dining was replaced with family meals in the group homes. The family groups now individually carry on most activities, such as home devotionals, church attendance, housekeeping, laundry, cooking and cleanup. In 1988, THC expanded again by merging with West Tennessee Children's Home, followed in 2000 and 2001 by mergers with Happy Hills Youth Ranch near Ashland City, and East Tennessee Christian Services in Knoxville. Since 1909, TCH has cared for over 20,000 children. Their professional services, coupled with loving staff and a Christian environment, make Tennessee Children's Home one of the finest programs in the state.

The mission of the Tennessee Children's Home is commitment to improving the lives of the those they influence through quality services in a Christian atmosphere. Their vision is those served by Tennessee Children's Home will learn to live healthy physical, mental, social, and Christian lives.

Services at TCH West include alcohol and drug treatment, education, and counseling. Medical and mental health care is provided through the Tenn Care Medicaid program. Emergency medical services are available at the Jackson-Madison County General Hospital.

TCH West is situated on 250 acres. There are six buildings on campus. There are four (4) residential housing units. Each house provides living space for eight (8) residents and two (2) house parents. 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. Only three housing units have residents at any given time. During the on-site audit two housing units were being used. During sleeping hours from 9:00 p.m. to 6:00 a.m. the residents are supervised by an awake night staff located in each housing unit. The night staff conduct rounds that 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. TCH West relies on staff coverage for supervising residents. The facility has a school, gymnasium, and administrative offices.

SUMMARY OF AUDIT FINDINGS

The on-site audit of Tennessee Children's Home West, located in Chester County Tennessee, was completed April 25, 2017. The results indicate Tennessee Children's Home Spring Hill Campus exceeded two (2) standards; met thirty-seven (37) standards; zero (0) standards were not met; and two (2) standards were not applicable.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH policy states a commitment to a zero-tolerance standard for all forms of sexual abuse, sexual harassment, assault, misconduct and rape through private provider implementation of PREA as outlined in Public Law 108-79, Section 3.

The policy outlines how the facility will implement the zero-tolerance approach to preventing, detecting and responding to sexual abuse, sexual assault, sexual misconduct, sexual harassment, or rape. Definitions of prohibited behaviors are included in the policy. The resident handbook includes disciplinary sanctions for sexual misconduct.

The policy is inclusive of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The PREA Coordinator is identified on the agency’s organizational chart. The PREA Compliance manager is identified on the facility’s organizational chart.

Interviews

- o PREA Coordinator
The PREA Coordinator confirmed she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. She reports to the TCH President.
- o Facility PREA Compliance Manager
The PREA Compliance Manager confirmed she has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o TCH Organizational Chart
- o TCH West Organizational Chart

Standard 115.312 Contracting with other entities for the confinement of residents

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

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DCS contract with TCH requires compliance with the PREA Juvenile Standards. The contract provides for monitoring to ensure continued compliance. TCH does not contract with additional entities for housing juveniles.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o DCS Contract PREA Requirements

Standard 115.313 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The TCH has developed and implemented a staffing plan that maintains adequate staffing levels and ratios of 1:4 during waking hours and 1:8 during sleeping hours to protect residents against sexual abuse. Deviations would be documented. During the twelve-month audit period, there were no deviations from the staffing plan. Staff call-ins ensure required staffing levels. The facility, in collaboration with the PREA Coordinator, reviews the staffing plan at least annually.

The Staffing Plan Assessment includes the following:

- (1) a review of the facility staffing plan to ensure it provides adequate staffing levels; (2) prevailing staffing patterns; (3) a review of the facility's video monitoring system; (4) other monitoring technologies available; (5) resources available to ensure adherence to the staffing plan; (6) unannounced rounds policy and practice; (7) any findings of inadequacy from
- (2) a judiciary, federal investigative agency, internal or external oversight body; and (7) all components of the facility's physical plant.

Also, the assessment ensures the staffing plan considers:

- (1) the composition of the resident population; (2) the number and placement of supervisory staff; (3) any applicable State or local laws, regulations or standards; and (4) the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

Supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment on both shifts. Policy prohibits staff from alerting other staff members that supervisory rounds are occurring. The facility exceeds the requirement of this standard.

Interviews

- Facility Director
The interview with the Facility Director confirmed the facility regularly develops a staffing plan. The plan maintains adequate staffing levels and ratios of 1:4 during waking hours and 1:8 during sleeping hours to protect residents against sexual abuse. The plan is documented. The Facility Director confirmed all aspects of the standard are considered in developing the plan. Compliance with the staffing plan is maintained by staff call-ins.
- PREA Coordinator
The PREA Coordinator confirmed she participates in making assessments of, or adjustments to, the staffing plan for the facility and the assessments happen at least annually.
- Facility PREA Compliance Manager
The PREA Compliance Manager confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard.
- Intermediate or Higher-Level Facility Staff
Interviews confirmed the documented, unannounced, supervisory rounds occur on both shifts and staff are not alerted when they occur.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- TCH Youth Supervision Policy
- DCS Policy 18.8 Zero - Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 27.38 - Youth Supervision

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Staffing Plan Assessment
- Unannounced Supervisory Rounds (1st and 2nd shifts)

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The TCH does not conduct cross-gender pat down, strip searches or visual body cavity searches. Policy does not allow any types of cross-gender searches including pat down searches. Staff members are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There were no cross-gender searches during the twelve-month audit period. Also, no residents identified as transgender during the twelve-month audit period.

Facility policies and procedures enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. Facility policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. Residents shower in bathrooms with one shower behind a closed door. Female staff always announce their presence when entering the sleeping and bathroom area.

Interviews

- Random Sample of Staff
Interviews with staff confirmed they are knowledgeable policy does not allow any types of cross-gender searches. No staff reported having to conduct cross-gender pat-down searches and searches of transgender and intersex residents. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
- Random Sample of Residents
Resident interviews confirmed female staff announce their presence when entering the housing units. All residents interviewed confirmed only male staff would perform pat down searches. All residents interviewed confirmed they are never naked in full view of female staff.
- Transgender or Intersex Residents
No residents identified as transgender or intersex.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- TCH Viewing and Searches Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Resident Search Logs

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH ensures residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. However, the facility does not accept juveniles with an IQ lower than 70.

The facility ensures meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. The facility has interpreter services provided by AVAZA Language Services Corporation and the Tennessee Foreign Language Institute. Hotline numbers, PREA brochures and PREA posters are available in Spanish and English.

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

Interviews

- Agency Head
The interview with the President confirmed the facility has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- Random Sample of Staff
Interviews with staff confirmed they would use an interpreter for residents who are limited English proficient. No staff interviewed recalled resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment during the twelve-month audit period.
- Disabled and Limited English Proficient Residents
No residents were identified as having a disability or being limited English proficient during the on-site audit.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- TCH Limited English Proficiency (LEP) Guidelines
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Interpreter Services
- Title VI of the 1964 Civil Rights Act Implementation Plan
- PREA Posters with Hotline Numbers for Outside Support Services (English and Spanish)
- End Silence Brochure: Youth Speaking Up about Sexual Abuse in Custody (English and Spanish)

Standard 115.317 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Before hiring new employees, who may have contact with residents, the facility performs an extensive criminal background records check including: the National Sex Abuse Registry, Vulnerable Persons Abuse Registry, Tennessee Felony Database Clearance, Drug Offense Registry, and the Tennessee Department of Children's Services Database. They contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Initial and annual criminal background checks are reported on the Background Check History and IV-E Eligibility Checklist form.

The facility does not hire or promote anyone who may have contact with residents, and does not enlist the 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; 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 has been civilly or administratively adjudicated to have engaged in 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.

These questions previously were not asked as part of the hiring process or during performance reviews. The facility and the auditor agreed the questions needed to be included in applications and performance reviews. All employees at TCH West were given an acknowledgement form with the three questions. All employees answered affirmatively that they have not engaged in the activities listed in paragraph (a) of the standard. The PREA Coordinator provided the auditor numerous examples of the completed acknowledgement forms. All future applicants will answer the questions as part of the hiring process. These corrective actions brought the facility in to compliance with this standard. Employees have a continuing affirmative duty to disclose any such misconduct and material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

TCH's extensive background check process exceeds the requirements of the standard.

Interview

- Administrator (Human Resources) Staff
The Human Resources Staff reported the facility complies with the standard. Extensive criminal records background checks are conducted annually.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- TCH Employee Background Checks Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Employee Acknowledgement and Notification of PREA
- CS-0687, Background Check History and IV-E Eligibility Checklist
- Tennessee Department of Children's Services Database Search Results
- Acknowledgment Form
- Updated Employee Application

Standard 115.318 Upgrades to facilities and technologies

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

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.

There have been no expansions or renovations at TCH West.

Interviews

- o Agency Head
The Agency Head Designee confirmed the facility would consider the ability to protect residents from sexual abuse when designing and upgrading facilities and when installing video surveillance or other technologies.
- o Facility Director
The Facility Director confirmed the facility would consider the ability to protect residents from sexual abuse when designing and upgrading facilities and when installing video surveillance or other technologies.

Supporting Documentation

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

Standard 115.321 Evidence protocol and forensic medical examinations

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

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.

TCH is required to have all investigations conducted according to DCS guidelines. No investigators are employed by TCH. TCH follows instructions from the DCS Special Investigative Unit (SIU) in matters relating to sexual abuse and harassment allegations and investigations. This includes using the local hospital 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 substantiated, unsubstantiated or unfounded. 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. DCS adheres to the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents.

The facility has a Memorandum of Understanding with Wo/Men's Resource and Rape Assistance Program (WRAP) for victim advocate services. The auditor confirmed availability of the services through telephone correspondence and reviewing the Memorandum of Understanding.

Interviews

- PREA Compliance Manager
The Facility PREA Compliance Manager confirmed a qualified victim advocate from The Wo/Men's Resource and Rape Assistance Program (WRAP) would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.

- Random Sample of Staff
All staff interviewed stated they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. All staff interviewed stated DCS investigators are responsible for conducting sexual abuse investigations.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- TCH Reporting Abuse/Neglect Policy
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Memorandum of Understanding with Wo/Men's Resource and Rape Assistance Program (WRAP)

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

There were no allegations of sexual abuse or sexual harassment received during the twelve-month audit period.

Interviews

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

Policy

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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.331 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)

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.

All TCH employees and contractors who have direct contact with residents receive training during orientation or in-service and through annual refresher training thereafter. Training is tailored to the unique needs and attributes of the residents of juvenile facilities and to the gender of the residents of the facility.

All TCH employees who have contact with residents complete training on:

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

Interviews

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

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Required Training Chart for all DCS Staff
- TCH Staff Development Plan
- PREA PowerPoint
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
- TCH Employee Training Records
- Post-Test

Standard 115.332 Volunteer and contractor training

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

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.

All TCH volunteers and contractors receive training on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures, based on the services they provide and the level of contact they have with residents. The facility maintains form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) confirming that volunteers and contractors understand the training they have received. The Facility reported not using the services of any volunteers during the twelve-month audit period and during the on-site audit.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

(PREA)

- o Volunteer Manual
- o Volunteer Application

Standard 115.333 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the intake process, residents receive information explaining, in an age appropriate fashion, the TCH zero-tolerance policy regarding sexual abuse, sexual assault, sexual misconduct, and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Resident education is accomplished through reviewing the PREA Comprehensive Education Curriculum, PREA brochures and resident handbooks.

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

Appropriate provisions are made as necessary for residents who are of limited English proficiency, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with psychiatric, speech or reading disabilities. TCH does not accept residents with an IQ of less than 70. Limited English proficient residents will be provided with an interpreter for assessments and to provide educational materials. TCH does not rely on resident interpreters for PREA information and education.

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

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

Interviews

- o Intake Staff
The interview revealed resident education is accomplished through reviewing PREA information and providing PREA brochures and resident handbooks. All residents sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA).
- o Random Sample of Residents
Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed,

- o TCH Employee Training Records
- o Training Certificates

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

The assessment ascertains information about: (1) prior sexual victimization or abusiveness; (2) any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) current charges and offense history; (4) age; (5) level of emotional and cognitive development; (6) physical size and stature; (7) mental illness or mental disabilities; (8) intellectual or developmental disabilities; (9) physical disabilities; (10) the resident’s own perception of vulnerability; and (11) any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Interviews

- o PREA Coordinator
The interview confirmed agency policy outlines who should have access to a resident’s risk assessment within the Facility in order to protect sensitive information from exploitation. These individuals would include: case managers, Social Services Supervisor, Treatment Director, and the Facility Director.
- o Staff That Perform Screening for Risk of Victimization and Abusiveness
The PREA Compliance Manager performs screening for risk of victimization and abusiveness. The interview confirmed that residents are screened upon admission or transfer from another facility within 72 hours. The screening includes all eleven (11) topics required by the standard. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is completed by asking the residents questions and reviewing their files. Risk levels are reassessed if there are incidents of sexual abuse or new information becomes available. The screening information is available to case managers, counselors, the PREA Compliance Manager, Facility Director and the house parents if needed.
- o Randomly Selected Residents
Interviews with the residents confirmed they were asked questions like the following examples at intake:
 - (1) Have you have ever been sexually abused?
 - (2) Do you identify with being gay, bisexual or transgender?
 - (3) Do you have any disabilities?
 - (4) Do you think you might be in danger of sexual abuse at the Facility?

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.342 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Designated staff develop appropriate treatment interventions that may include further assessments or screenings by a mental health professional for identified residents prior to assigning the resident to a program, education, work or room assignment to decrease the risk of sexual victimization or perpetration. TCH does not use isolation.

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

In making housing and programming assignments for transgender or intersex residents, the facility considers on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident are reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents.

Interviews

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

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

The PREA Coordinator confirmed housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. She confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower separately.

- PREA Compliance Manager
The PREA Compliance Manager confirmed the PREA Screening Report is used for housing, bed, program, education, work assignments, and for keeping residents safe from sexual abuse. LGBTI residents would be treated no differently than any other residents. She confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. She confirmed transgender or intersex residents would be permitted to shower separately. All residents shower separately.
- Staff That Perform Screening for Risk of Victimization and Abusiveness
The PREA Compliance Manager is responsible for risk screening. She confirmed that if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a medical and/or mental health practitioner within one week. She stated the facility uses the risk screening information to make custody and housing assignments. She confirmed a transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed at least every six months. She confirmed transgender or intersex residents would be permitted to shower separately. She added that all residents shower separately.
- Facility Director
The Facility Director confirmed isolation is not used at the facility.
- Transgendered/Intersex/Gay/Bisexual Residents
No residents identified as transgendered, intersex, gay, or bisexual.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.351 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility provides internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These internal ways of reporting include telling any staff member or filing a grievance. Grievance forms and boxes are available for the residents. Residents can keep a pencil for writing grievances and the grievance boxes are checked daily.

Residents may also report externally to a public or private entity or office that is not part of the agency. This includes but is not limited to: (1) DCS Child Abuse Hotline at 1-877-237-0004 and (2) John L. Attorney or Guardian ad Litem. Residents may remain anonymous upon request

Residents detained solely for civil immigration purposes are provided information with their resident handbook on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The facility has not had any residents detained solely for civil immigration purposes.

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

Pursuant to Tennessee Code Annotated 37-1-403, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted or sexually harassed has the duty to report such abuse. In terms of PREA standards, this duty to report includes but is not limited to any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. All reports made verbally, in writing, anonymously, by third parties or by any other means must be reported.

The facility allows for staff to privately report sexual abuse and sexual harassment of residents by calling the DCS Child Abuse Hotline at 1-877-237-0004.

There were no allegations of sexual abuse or sexual harassment received during the twelve-month audit period.

Interviews

- PREA Compliance Manager
The PREA Compliance Manager was knowledgeable of the outside entities for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can keep a pencil at all times and grievance forms are available next to locked grievance boxes that are checked daily. Wo/Men's Resource and Rape Assistance Program (WRAP) was identified as one way for residents to report sexual abuse or sexual harassment to a private entity that is not part of the facility. All reports are immediately transmitted to CPS through TFACTS and contacting the DCS Special Investigations Unit.
- Random Sample of Staff

All staff interviewed identified the DCS Child Abuse Hotline as a way for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed an incident of sexual abuse or sexual harassment. Other ways for residents privately reporting were identified as filing a grievance, telling their case manager, and calling their DCS Family Services Caseworker. All staff confirmed they would immediately document verbal reports. All staff interviewed identified the DCS Child Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.

- o Random Sample of Residents
Interviews with residents confirmed they are knowledgeable of internal and external ways of reporting sexual abuse or sexual harassment if it were to happen to them or other residents. All of them could identify someone who does not work at the facility whom they could report to and most knew that they could make anonymous reports. All residents interviewed knew they could make reports in person or in writing and most knew they could have someone make the report for them so they would not have to give their name.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- o Form CS-0072 Youth Grievance
- o Resident Handbook
- o PREA Posters with Hotline Numbers for Outside Support Services (English and Spanish)
- o End Silence Brochure: Youth Speaking Up about Sexual Abuse in Custody (English and Spanish)

Standard 115.352 Exhaustion of administrative remedies

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

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.

TCH is exempt from this standard. TCH does not have administrative procedures to address resident grievances regarding sexual abuse. DCS is responsible for all administrative procedures to address resident grievances regarding sexual abuse.

Residents may report allegations of sexual abuse at any time regardless of when the incident is alleged to have occurred. Residents are not required to nor should they attempt to resolve with staff an alleged incident of sexual abuse. Incidents are
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not required to be and should not be referred to the staff member who is the subject of the complaint.

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

Pursuant to Tennessee Code Annotated 37-1-413, any person who either verbally or by written/printed communication reports false accusations of sexual abuse commits a Class E felony. A report made in good faith upon reasonable belief of the alleged incident will not constitute a false report and may not be used as grounds for disciplinary action.

There were no allegations of sexual abuse or sexual harassment during the twelve-month audit period.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 14.15 Reporting False Allegations of Child Sexual Abuse
- o DCS Policy 24.5 DOE Youth Grievance Procedures
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.353 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility has a Memorandum of Understanding with Wo/Men's Resource and Rape Assistance Program (WRAP). Victim's Resources with mailing addresses and telephone numbers, including toll free hotline numbers are provided to the residents. Information includes local, state and national victim advocacy and rape crisis organizations. For persons detained solely for civil immigration purposes, immigrant services agency information is available with the resident handbook.

The facility informs residents, prior to giving them access, of the extent to which such communications will be monitored.

Everyone in Tennessee is a mandated reporter. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 requires all persons to report suspected cases of child abuse or neglect. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Telephone calls are monitored with sight, but not sound supervision.

Interviews

- Facility Director
The Facility Director confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- PREA Coordinator
The PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- PREA Compliance Manager
The PREA Compliance Manager confirmed residents are provided with confidential access to their attorneys or other legal representation and access to parents or legal guardians.
- Random Sample of Residents
Interviews with residents revealed they knew where to find the telephone numbers and mailing addresses of outside organizations. They all could list the DCS Sexual Abuse Hotline Number. They were less familiar with the outside victim advocate support for emotional support services related to sexual abuse. Some acknowledged general counseling services would be available and they could make contact when needed. They all were knowledgeable of Tennessee's mandatory reporting law. They all confirmed they could see or talk with a lawyer and their guardian if needed.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Memorandum of Understanding with Wo/Men's Resource and Rape Assistance Program (WRAP)
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Resident Handbook
- Victim's Resources - Hotline Numbers and Outside Support Services
- PREA Victim Advocate Numbers

Standard 115.354 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Third parties, including parents, advocates, other residents, or any other person may report allegations of resident sexual abuse or sexual harassment by through the TCH website at <http://www.tennesseechildrenshome.org>.

Also, the DCS website has the Child Abuse Hotline number listed and provides a secure online system for reporting abuse, <https://apps.tn.gov/carat/>. Hotline case managers are available to assist callers in reporting abuse.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.361 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 Laws and TCH requires all staff to 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 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. All allegations of sexual abuse must be reported immediately to the DCS Child Abuse Hotline at 1-877-237-0004. Failure to comply with "duty to report" requirements will result in disciplinary action up to and including termination and/or criminal charges.

Medical and mental health practitioners are required to report sexual abuse and to CPS. They are mandated to follow Duty to Report laws. Medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Upon receiving any allegation of sexual abuse, the Facility Director or his designee shall promptly report the allegation to the alleged victim's parents or legal guardians, unless TCH has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of DCS, the report shall be made to the alleged victim's Family Services Worker instead of the parents or legal guardians.

There were no reported allegations of sexual abuse or sexual harassment within the twelve-month audit period.

Interviews

- Facility Director
The Facility Director confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardians as appropriate. This notification would occur immediately upon the allegation being received. He confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted. All allegations of sexual abuse and sexual harassment are reported to the DCS Special Investigations Unit. TCH does not conduct administrative or criminal investigations.
- PREA Compliance Manager
The PREA Compliance Manager stated when the Facility receives an allegation of sexual abuse she reports the allegation to the DCS Child Abuse Hotline, the Campus Director, and the agency PREA Coordinator. If the victim is under the guardianship of the child welfare system the facility would report the allegation to the victim's Family Services Worker. Lastly, she stated all residents are in DCS custody.
- Medical and Mental Health Staff
An interview with a mental health practitioner confirmed he discloses the limitations of confidentiality and his duty to report at the initiation of services to a resident. He confirmed he is required by law to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it. He revealed he has not become aware of such incidents.
- Random Sample of Staff
All staff interviewed confirmed they are required by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff interviewed revealed they would report to their immediate supervisor and the DCS Child Abuse Hotline.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- TCH Reporting Abuse and Neglect Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.362 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH requires that upon learning a resident is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the resident. There were no residents identified as being subject to a substantial risk of imminent sexual abuse within the twelve-month audit period.

Interviews

- Agency Head
The President confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include separating the resident from the potential abuser and moving to another house if needed.
- Facility Director
The Facility Director confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include removing the resident from harm and 1:1 supervision.
- Random Sample of Staff
All staff interviewed confirmed they would immediately separate the resident from the potential perpetrator.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

If a resident discloses that victimization occurred while the resident was confined at another facility/agency and he has not previously disclosed this, the staff member to which the information was disclosed will report the alleged abuse incident directly and immediately to the DCS Child Abuse Hotline at 1-877-237-0004, to the Department of Children's Services Family Services Worker, and the TCH Facility Director.

Additionally, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director or his designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

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

Interviews

- Agency Head
The President confirmed if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility the Facility Director would be notified and the allegation would be reported to CPS.
- Facility Director
The Facility Director confirmed if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility, the Facility Director would be notified and the allegation would be reported to CPS.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Allegation Reporting Guidelines

Standard 115.364 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff are trained in how to respond if they are the first person to learn of a sexual assault or witness or unexpectedly walk upon an assault. The agency has a first responder protocol in place that includes collection of evidence and measures taken to preserve and protect the scene from contamination. The DCS Protocol: First Responder Guidelines for Sexual Assaults provides in-depth guidelines regarding emergency medical attention, evidence collection, and treating both the victim's and perpetrator's bodies as crime scenes to safeguard evidence.

There were no reported allegations of sexual abuse or sexual harassment during the twelve-month audit period.

Interviews

- Security Staff and Non-Security Staff First Responders
The staff interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse.
- Random Sample of Staff
The staff interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse. All staff interviewed stated they would report to their supervisor and call the DCS Sexual Abuse Hotline. They said they would not share sensitive information with other residents or staff not involved in the incident.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.365 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Interviews

- Facility Director
The Facility Director confirmed that after the initial actions of facility all allegations are reported to CPS and the facility follows the directions provided by DCS. The DCS Protocol: First Responder Guidelines for Sexual is followed.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH does not have a collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Interviews

- o Agency Head
The President confirmed TCH has not entered or renewed any collective bargaining agreements.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Retaliation or negative consequences for reporting sexual abuse or sexual harassment or cooperating with sexual abuse or sexual harassment investigations is not tolerated and will result in disciplinary action up to and including termination. All staff members are required to report immediately and according to TCH policy retaliation against residents who reported sexual abuse or sexual harassment. Staff members have a duty to report staff neglect or violations of responsibilities that may have contributed to an incident or retaliation.

For a period of ninety (90) days following a report, TCH monitors the treatment of residents or staff that made a report and the residents who were reported to be abused to identify attempts at retaliation or negative consequences and will act immediately to remedy any such actions. Monitoring should include, but not limited to: (1) Resident disciplinary reports, housing, or program changes; (2) Negative performance reviews or staff reassignments; and (3) Periodic status checks of residents.

TCH will continue monitoring beyond ninety (90) days if evidence indicates a continued need. If any individual involved in a report expresses fear of retaliation, TCH will take appropriate measures to protect that individual.

After notification of alleged illegal or improper activity, the Executive PQI Committee will conduct a thorough investigation and recommend appropriate action to the TCH Board of Directors. All such allegations shall be logged and kept under seal in the PQI Manager's Office. The Executive PQI Committee will continue to monitor the situation for 60-90 days for possible or further retaliation.

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

Interviews

- Agency Head
The President stated protective measures would include, separating victims from alleged abusers, different classrooms, and changes in housing placement.

- Designated Staff Member Charged with Monitoring Retaliation
The PREA Compliance Manager is charged with monitoring for retaliation. She said her role in preventing retaliation is to discuss retaliation on intake and make housing changes to address safety concerns. Some measures to protect residents and staff from retaliation would include interviewing individuals and housing changes. She does initiate contact with residents who have reported sexual abuse. Staff interactions with residents, residents exhibiting fear, and move requests are things she would look for and monitor for potential retaliation.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- TCH Protection of Reports of Misconduct Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH does not use of segregated housing or isolation to protect a resident who is alleged to have suffered sexual abuse. One-on-one supervision and other protective measures would be used.

There were no occurrences of the use of segregated housing or within the twelve-month audit period.

Interviews

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

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.371 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH does not conduct its own investigations into allegations of sexual abuse and sexual harassment. DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

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

When the evidence supports criminal prosecution, the Child Protective Services Investigations Team includes law enforcement, the local district attorney, the local health authority and the Child Advocacy/Rape Crisis center in the investigation. The credibility of an alleged victim, suspect or witness is not assessed on an individual basis, nor whether they are a resident or staff. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

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

If an alleged abuser or victim is no longer employed at the facility, the investigation continues to conclusion. TCH cooperates with the DCS investigators and remains informed about the progress of investigations through TFACTS and contact with the investigator.

Interviews

- DCS Investigator
The interview with a DCS investigator was very educational and provided the auditor with an in-depth knowledge of DCS investigative procedures. The investigator confirmed DCS is compliant with all aspects of the Criminal and Administrative Agency Investigations standard. If administrative investigations require referral for criminal prosecution, DCS investigators remain actively involved in the process and informs the facility of the progress of the investigation.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 14.7 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.372 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Interviews

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

Policy

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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.373 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CPS notifies the DCS Family Services Worker and the TCH Facility Director of the outcome of an investigation. The DCS Family Services Worker informs the alleged victim directly as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. They provide the resident with written notification.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the resident is informed whether: (1) the staff member is no longer posted within the resident's unit; (2) the staff member is no longer employed at the facility; (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

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

There were no residents who reported a sexual abuse allegation within the twelve-month audit period and therefore there were no notifications made.

Interviews

- DCS Investigator
The interview with a DCS Investigator confirmed the DCS Family Services worker informs residents of investigative outcomes.
- Facility Director
The Facility Director confirmed the DCS informs residents of investigative outcomes.

Policy

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

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The TCH personnel policies and procedures outlines the disciplinary process. If it is determined that this policy has been violated, corrective action will be taken up to and including termination. The action to be taken will be determined based on the circumstances of each situation.

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

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- TCH Personnel Policies and Procedures Manual for Employees

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility maintains form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) confirming that volunteers and contractors understand the training they have received. The acknowledgement form states the agency's zero-tolerance policy and requires that any contractor or volunteer who violates the policy will be terminated and referred for criminal prosecution, unless the activity was clearly not criminal.

The Facility reported not using the services of any volunteers during the twelve-month audit period and during the on-site audit. No contractor or volunteer violated the facility's sexual abuse and sexual harassment policies within the twelve-month audit period.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. TCH does not use isolation as a disciplinary sanction.

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation.

There have been no administrative or criminal findings of resident-on-resident sexual abuse within the twelve-month audit period.

Interviews

- Facility Director
The Facility Director confirmed counseling would be offered through the treatment team approach upon an administrative finding that a resident has engaged in resident-on-resident sexual abuse. The resident handbook lists disciplinary sanctions in the major rules violation section. Isolation would not be used as a disciplinary sanction.
- Medical and Mental Health Staff
The mental health practitioner interviewed confirmed therapy and counseling would be offered to both victims and offending residents. Access to any rewards-based behavior management systems, programs or education would not be based on a resident's participation in therapeutic intervention services.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Student Handbook

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

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

Interviews

- Staff Responsible for Risk Screening
The PREA Compliance Manager confirmed that if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered with a psychologist. She confirmed the meeting would occur within fourteen (14) days. She confirmed the same follow-up meeting would be offered to a perpetrator, within fourteen (14) days of the intake screening.
- Medical and Mental Health Staff
The mental health practitioner interviewed confirmed that he obtains informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. He confirmed informed consent is required for residents under the age of 18, but not over.
- Residents Who Disclose Sexual Victimization at Screening
One resident reported disclosing prior sexual victimization during the initial screening. The interview with the resident confirmed he was offered a follow-up meeting with a psychologist within two weeks.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Follow-up Referral

Standard 115.382 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services. Should access to emergency services be needed the Jackson-Madison County General Hospital. Residents are offered timely information about and timely access to tests for sexually transmitted infections, as medically appropriate. Treatment services are offered without financial cost to the victim. The costs would be paid through Tenn Care.

Interviews

- Security and Non-Security First Responders
The staff member interviewed as a first responder could identify the measures they would take to protect a victim of sexual abuse.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o Protocol-First Responder Guidelines for Sexual Assault
- o DCS PREA Refusal of Medical Treatment Form

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH shall offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. TCH offers victims medical and mental health services consistent with the community level of care. Medical and mental health services are provided through the Tenn Care Medicaid program.

Residents are offered timely information about and timely access to tests for sexually transmitted infections, as medically appropriate. Treatment services shall be without financial cost to the victim. They are provided through the Tenn Care Medicaid program.

Interviews

- o Medical and Mental Health Staff
The mental health practitioner interviewed confirmed residents who have been victimized would be offered follow-up care. He stated that he feels the medical and mental health services are consistent with and/or higher than the community level of care. Resident-on resident abusers would receive an evaluation and treatment if appropriate.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS PREA Refusal of Medical Treatment Form

Standard 115.386 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation involving a PREA-related incident, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The review will occur within thirty (30) days of the conclusion of the DCS investigation and TCH notification by DCS of the conclusion of the investigation. The review team will consist of the case manager, treatment director, counselor, campus director, and supervisors.

The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings and recommendations, including recommendations for improvement and submit the report to the Executive Director, the PREA Coordinator, and DCS as required. The facility implements the recommendations or documents reasons for not doing so and provides this information to the TCH risk management team and DCS as required.

The auditor suggested TCH adopt a form to more effectively demonstrate completion of incident reviews. The agency agreed with the suggestion and implemented a form. The incident review team’s findings are reviewed by Risk Management. There were no sexual abuse allegations during the twelve-month audit period, and therefore no sexual abuse incident review team meetings were held.

Interviews

- Facility Director

The Facility Director confirmed TCH has a sexual abuse incident review team. The team would include input from line supervisors, investigators, and medical and/or mental health practitioners. He stated the team would use information from the incident review to identify problem areas and make changes as needed. He confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be considered.

- Facility PREA Compliance Manager
The PREA Compliance Manager revealed she is a member of the PREA Incident Review Team. Incident review reports include any recommendations for improvement.
- Incident Review Team Member
The PREA Coordinator confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be considered.

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Sexual Abuse Critical Incident Review Form
- Survey of Sexual Victimization
- TCH 2016 Annual PREA Report of Allegations

Standard 115.387 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Policy

- TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- TCH 2016 Annual PREA Report of Allegations

Standard 115.388 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH reviews data collected and aggregated pursuant to PREA Standards § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as TCH as a whole.

The report will include a comparison of the current year’s data and corrective actions with those from prior years and will provide an assessment of the agency’s progress in addressing sexual abuse. TCH’s report will be approved by the DCS Commissioner/designee and TCH’s Director and made readily available to the public through its website or through other means, as applicable. TCH may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Interviews

- o Agency Head
The President confirmed he approves the Annual PREA Report and the Agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training by identifying problem areas and taking corrective actions. All identifying information is redacted from the report.
- o PREA Coordinator
The PREA Coordinator confirmed TCH reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies, and training. The data is securely retained and corrective actions are taken as needed. TCH prepares an annual report and redacts identifying information.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o Survey of Sexual Victimization
- o TCH 2016 Annual PREA Report of Allegations

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TCH ensures that data collected pursuant to PREA Standards §115.387 is securely retained. TCH makes all aggregated sexual abuse data readily available to the public at least annually through inclusion in the Performance and Quality Improvement Annual Report. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed. TCH maintains sexual abuse data collected pursuant to PREA Standards §115.387 for at least ten (10) years after the date of its initial collection.

Interviews

- o PREA Coordinator
The PREA Coordinator confirmed TCH reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. She confirmed the data collected is securely retained and TCH takes corrective action on an ongoing basis based on the data.

Policy

- o TCH Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o TCH 2016 Annual PREA Report

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert Burns Latham _____

June 9, 2017 _____

Auditor Signature

Date