

**Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities**

Interim Final

Date of Interim Audit Report: 12/22/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 1/29/2021

Auditor Information

Name: Latera M. Davis

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Company Name: Just4 Consultants, LLC

Mailing Address: 1105 Grayson Highway

City, State, Zip: Grayson, GA 30017

Telephone: 404-457-8953

Date of Facility Visit: 11/9/2020-11/10/2020

Agency Information

Name of Agency: Putnam County Juvenile Detention Center

Governing Authority or Parent Agency (If Applicable): Putnam County Sheriff's Office

Address: 25 N. Washington Avenue

City, State, Zip: Cookeville, TN 38501

Mailing Address: 25 N. Washington Avenue

City, State, Zip: Cookeville, TN 38501

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://putnamcountyttn.gov/juvenile-detention-center>

Agency Chief Executive Officer

Name: Eddie Farris, Putnam County Sheriff

Email: sherifinfo@putnamcountyttn.gov

Telephone: 931-528-5681

Agency-Wide PREA Coordinator

Name: Casey Flatt

Email: cflatt@putnamcountyttn.gov

Telephone: 931-528-5681

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator:

Facility Director

1

Facility Information

Name of Facility: Putnam County Juvenile Detention Center

Physical Address: 25 N. Washington Ave.		City, State, Zip: Cookeville, TN 38501	
Mailing Address: 25 N. Washington Ave.		City, State, Zip: Cookeville, TN 38501	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Website with PREA Information: https://putnamcountyttn.gov/juvenile-detention-center			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)			
<input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:			
NA			
Facility Administrator/Superintendent/Director			
Name: Casey Flatt			
Email: cflatt@putnamcountyttn.gov		Telephone: 931-528-5681	
Facility PREA Compliance Manager			
Name: Raymond Bowman			
Email: rbowman@putnamcountyttn.gov		Telephone: 931-528-5681	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Kimberly Reinking			
Email: putnamcountyttn.admin@qchcweb.net		Telephone: 931-528-8484	
Facility Characteristics			
Designated Facility Capacity:	22		
Current Population of Facility:	5		
Average daily population for the past 12 months:	11		
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males		
Age range of population:	13-17		

Average length of stay or time under supervision	10-14 days
Facility security levels/resident custody levels	One
Number of residents admitted to facility during the past 12 months	221
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more :	71
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more :	170
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	13
Number of staff hired by the facility during the past 12 months who may have contact with residents:	3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1

<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	6
<p>Number of open bay/dorm housing units:</p>	4
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	1
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

3

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

3

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: *Select all that apply*

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Putnam County Juvenile Detention Center (PCJDC), part of the Putnam County Sheriff's Office, agreed to participate in a Prison Rape Elimination Act (PREA) audit, conducted by auditor (Latera Davis) and associate (Debaja Coleman).

Site Review Location: The site review for this audit took place at the PCJDC program located at 25 N. Washington Ave, Cookeville, TN 38501. The facility is in the mid-section of the state. The audit team conducted pre-audit work prior to arrival at the facility. Pre-audit work included but was not limited to review of the Pre-Audit Questionnaire (PAQ), documentation review on the agency secure thumb drive, email correspondence, and telephone calls.

A certified PREA audit was conducted at the PCJDC program located in Cookeville, TN on 11/9/20-11/10/20. The PCJDC program is operated by the Putnam County Sheriff's Office; and is contracted by the Tennessee Department of Children's Services/Office of Juvenile Justice to provide housing for youth in state custody. The PCJDC facility hereinafter may be referred to as a facility. It should be noted that, for the purpose of this audit report, the residents housed at the program will be called "youth" for the duration of the report. It should also be noted that the original audit was scheduled on 8/17/20- 8/18/20; however, due to a system-wide ransomware the audit was rescheduled.

The auditor used a triangular approach, by connecting the PREA audit documentation, on-site observation, facility walk-through, practice; and interviewed staff, residents, and local and national advocates to make determinations for each standard.

Pre-onsite Audit Phase

Posting: On 6/26/20, the auditor provided the audit notice to the PCJDC PREA coordinator, with instruction to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. Photos were sent to the auditor on 7/2/20, indicating that the facility posted the updated notices in English and Spanish. The auditor received photos of the timestamp posted notices, located in common areas. The auditor did not receive communication from any residents.

Pre-Audit Questionnaire (PAQ): To prepare for the audit process, pre-kick off email correspondence occurred with the agency's PREA compliance manager (Raymond Bowman) on 6/26/20. As the auditor reviewed the materials provided by the facility, any outstanding documents were communicated directly with the agency PREA coordinator and compliance manager. Completed documents were submitted or discussed via telephonic and email correspondence.

The Pre-Audit Questionnaire was completed and sent to the auditor as required. The completed Pre-Audit Questionnaire (PAQ) was submitted on 7/16/20. Additional documentation received included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials. The lead auditor in consultation with the audit team reviewed all the documentation submitted by the facility and prepared a list of issues based on the evidence provided. Any pre-audit issues were directly discussed with the PREA compliance manager (PCM).

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the secure thumb drive; to include both the agency and the program policy and procedures, agency mission statement, daily population report, schematic/layout for the program, and the last final PREA Audit Report. The auditor was provided a list of requested documents for onsite review. It should be noted that a list of random and special categorized residents was provided prior to the onsite review.

Website Review: Prior to the onsite portion of the audit, the auditor conducted a website review of the PCJDC. It should be noted that the facility does not have a website, but rather contact information listed under the Putnam County Sheriff's Office website.

Site Review Preparation: Due to a county system failure, the site preparation process occurred over an extended period of time. The original audit was rescheduled. In June of 2020, the auditor provided the PREA compliance manager with email notification regarding the team's upcoming site visit. A conference call was conducted on 7/10/20 enabling the auditor to interact with the agency PREA coordinator and compliance manager. The audit process was discussed as well as specific plans for the PCJDC onsite audit.

Prior to the onsite portion of the audit, the auditor was made aware that the facility did not house residents who were held for immigration purposes. Email communication was sent to the PREA compliance manager requesting the following information in preparation for the site review:

- Staffing Plan/Documentation of deviation for the staffing plan
- Annual Reviews
- Logs of exigent circumstances for cross gender pat down searches
- Staff training logs
- Written materials used for effective communication about PREA for residents' w/disabilities or limited reading skills
- Documentation of staff training on PREA complaint practices for residents w/disabilities
- Documentation of investigators who have completed specialized investigative training
- Documentation of MH and Medical staff that have completed specialized training
- Screening instrument used to determine risk for victimization
- Documentation of use of screening information to inform housing, bed, work, education and program assignments, with the goal of keeping separate those residents with a high risk of being sexually abusive
- Sample resident grievances (onsite will review general grievances filed)
- Resident handbook (onsite will review)
- Documentation of notifications of abuse while confined at another facility (if applicable)
- Facility institutional plan (coordinated plan)
- Retaliation reports (all investigation files, last 12 months)
- Documentation when segregated housing was used to house residents who have alleged to have suffered sexual abuse (if applicable)
- Sample of investigations of alleged sexual abuse complaints completed by the agency
- Sample of investigations of alleged sexual abuse complaints completed by outside agency
- Sample of documentation of any substantiated or unsubstantiated complaints
- Sample of documentation of notifications
- Sample records of terminations, resignations, or other sanctions against staff—allegations of sexual abuse or sexual harassment - within the last 12 months – may request to review more sexual harassment records while on site)
- Reports of sexual abuse of residents by contractors or volunteers
- Sample records of disciplinary actions against residents for sexual conduct with staff
- Sample records of disciplinary actions against residents for sexual conduct against other residents (need substantiated abuse or harassment allegations)

- Documentation of sexual abuse incident reviews
- Sexual abuse reports
- Incident Mapping Report
- Unannounced Rounds Documentation
- A summary of all incidents within the past 12 months (log)
- All Transgender evaluations completed in the last 12 months
- Rosters
- Notice of auditor post-English/Spanish (received)
- Residents w/disabilities
- Residents who are limited English proficient (LEP)
- LGBTI residents
- Residents in segregated housing (PREA related)
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff Roster
- Specialized staff list
- Staff Personnel (Documentation)
- Resident Documentations
- List of contractors who have contact with residents
- List of volunteers who have contact with residents
- PREA Reassessments (all sexual abuse cases)

On-Site Audit Phase

Team Composition/Entrance

The audit team consisted of the auditor (Latera Davis) and associate (Debaja Coleman). On 11/9/20 at approximately 8:00 am., the audit team arrived at the facility to conduct an entrance meeting with the facility director, PREA coordinator and her leadership team, along with beginning the onsite process (physical plant inspection and interviews). The leadership team consisted of Director/PREA coordinator (i.e., Lieutenant Casey Flatt) and PREA compliance manager (i.e., FTO Sergeant Raymond Bowman).

Entrance Meeting

The entrance meeting served as initial introductions and onsite logistics with the program leadership. The auditor reiterated the PREA Resource Center expectations of the onsite and written report along with the audit goals. The auditor provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The team also established a process to make corrections on site and if necessary, a post onsite follow up.

Prior to the onsite audit and upon conclusion of the entrance meeting, the audit members were provided resident and employee documentation to review. Resident and staffing lists were also provided allowing the audit team to make randomized selection of interview participants. The PCJDC direct care staff work 12-hour shifts during the weekdays and 12-hour shifts during the weekend.

Day One: The audit team conducted the physical plant site inspection along with staff and youth interviews.

Day Two: The audit team completed the remaining interviews and file review. Upon completion of assigned tasks, audit team members returned to the assigned office to discuss site observation, informal and formal interviews, file review, and necessary corrective actions. Day two also served as the close out conference.

Interviews: Due to Covid-19, and the need to take extra safety precautionary measures, resident and informal auditor contact during the walk-through was limited. It should also be noted that the youth were out of school during the walk through and were still sleeping.

For the formal interviews, members of the audit team selected names of individuals who would be interviewed, and the facility staff prepared the youth and staff members for interviews in a staged manner. Appropriate PREA-interview protocols were utilized, and standard advisory statements were communicated. The interviewing audit team members recorded responses by hand or typed. Due to the number of youth housed at the program, all residents and onsite staff were interviewed.

On the first day of the onsite audit there were six youth and seven staff reported at the program. Staff interviews were based on who was at the program on the days of the audit, varying staff shifts, and positions/roles held. The audit team members split up the interviews of specialized and random staff along with required resident interviews.

Over the two days onsite, 27 interviews were conducted with staff that have specialized roles and responsibilities. It should be noted that this also included staff that have dual role responsibilities. The interviews were conducted privately in several different meeting rooms and the protocols used included but were not limited to: contractors, incident review team members, mental health staff, screening staff, security first responders, investigators, agency head, staff who supervise residents in isolation, agency contract administrator, DYS contractor administrator, HR administrator, intake staff, PREA coordinator, intermediate or higher level staff, facility director, medical staff, staff who monitor for retaliation, one contractor and two volunteers. The PCJDC program has approved volunteers, however, due to COVID there were no volunteers allowed in the facility at this time. Before COVID there were a limited number of volunteers at the facility.

Along with the specialized staff, five random staff were interviewed. Random staff were chosen based on who was at work and covering both shifts. A total of zero targeted resident interviews were identified. There were no residents housed for the sole purpose of immigration. It was also reported that there were no residents segregated for risk of sexual victimization, which was confirmed through staff and resident interviews, as well as site review by audit team members.

The lead auditor was largely responsible for the interviews with the PCJDC management staff, including the Sheriff, director, investigations, human resources, and the PREA coordinator. The audit team worked with the program to make the interview times most conducive to manage routine scheduling needs. The interviews were conducted primarily in empty offices or staff offices and telephonic communication.

Due to the limited number of youths housed at the program, all youth were interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the resident's knowledge of PREA and reporting mechanisms available to them at the PCJDC program. It should also be noted that there were no identified targeted residents at the facility during the onsite audit.

Category of Residents	Number of Interviews
Random Residents	6
Targeted Residents	0
Total Residents Interviewed	6
Breakdown of Targeted Residents Interviewed	
Residents with Disabilities	0
Residents Who Are Blind, Deaf, Or Hard of Hearing (0)	0
Residents Who Are LEP	0
Residents with Cognitive Disabilities	0
Residents Who Are LGB	0
Residents Who Identify as Transgender or Intersex	0

Residents Who Reported Sexual Abuse That Occurred at The Facility (0)	0
Residents Who Reported Sexual Victimization During Risk Screening (0)	0
Resident Segregated Housing for Sexual Victimization (0)	0
Category of Staff Interviewed *** It Should Be Noted That Some Interviews Conducted Duplication of The Same Staff.	
Random Staff	6
Specialized Staff	27
Agency Head	1
Program Director	1
PREA Coordinator	1
Program Director	1
Total Staff Interviewed	37
Breakdown of Specialized Staff	
Contract Administrator	1
Intermediate or Higher-Level Staff Responsible for Conducting and Documenting Unannounced Rounds	2
Medical Staff	1
Mental Health Staff	1
Non-Medical Staff Involved in Cross Gender Searches (If Applicable)	NA
Volunteers Who Have Contact with Residents	0
Contractors Who Have Contact Residents	1
Investigators	1
Staff Who Perform Risk for Victimization and Abusiveness	5
Staff Who Screen Resident in Segregated Housing ***It should be noted that segregated housing is not utilized for PREA incidents.	5
Designated Staff Members Charged with Monitoring for Retaliation	1
First Responders	5
Incident Review Team	2
HR Administrator	1
Victim Advocate	1

Site Review: The audit team conducted a comprehensive site review of the facility. The audit team was provided a layout of the program prior to the onsite review. The PCJDC is comprised of one building, in which there are four housing units. The facility site visit included visiting all locations where youth have access onsite and could be present. The director and PREA compliance manager (PCM), assisted in escorting the audit team throughout the program during the inspection.

The PCJDC is a level one secure facility, temporary housing site for male and female juvenile offenders in the State of Tennessee. It is a county facility; however, the facility is contracted to hold youth from various counties in the state along with youth in the custody of the state juvenile justice agency. As identified by the facility and observed during the site review, the housing units contained four resident housing units (one female and three male). The male units were open bay, and the female unit could house two females per room. All youth were housed in one unit during the time of the audit. The youth were occupying three out of the four units. One unit was empty.

The auditor inspected facility doors, restrooms, and office areas. The areas were consistently secured and locked. The auditor noted placement and coverage of video monitoring and technology, along with surveillance cameras, and reviewed for potential blind spots. Inspections of bathroom and shower areas were conducted, with observation of possible cross-gender viewing. The auditor was unable to fully view the camera system as it was being worked on by the IT department. The county and city systems were attacked by ransomware in July/August 2020 and impacted the camera monitoring system. While the system is working it is not operating to its functionality. The ransomware on attack to the county/city systems was reported to the FBI.

There were four living units (three male and one female). The male living units were open bay. Cell area 1 had four beds. Cell area 2 and 3 had six beds and two cameras. The female unit consisted of three rooms with two beds per room. The female unit also, had an open window area to the intake area. Living units have two community toilets and showers available for resident use. Each living unit had two cameras and one bathroom. The units contained a single shower and toilet along with PREA appropriate shower curtains.

The youth have phone access on the housing unit. It should also be noted that there was one holding cell located in the intake area. The facility has an enclosed recreation area and an open caged storage room. During the tour, the auditor noticed placement of the PREA audit notices along with the PREA related posters throughout the facility. It was observed that opposite gender staff did not announce their presence when going on the housing area.

The PCJDC is a small holding facility and it does not have an education area or cafeteria. The food is prepared at the jail and brought to the facility. A county teacher comes to the facility to provide youth any necessary schoolwork. Most youth are housed for only a few days at the facility. It was observed that one youth was on a unit by himself. It was further explained that youth awaiting adult charges are held separate from the juvenile offenders.

Adjacent to the dayroom are counselor offices. The dayroom serves as the center point for residential housing areas and programming. Medical care and food services are provided to residents through the jail staff.

The facility has a small administrative area that contains two offices, a bathroom, and breakroom. Youth are not authorized and do not have access to the administrative area. The administrative area is not considered secured.

One new intake arrived at approximately midnight on the first day of the audit. Staff completed all intake procedures prior to the auditor's arrival the next morning therefore we were unable to observe the process. It should also be noted that the youth was at court upon the auditor's arrival the next morning; and did not return. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility. There were no locations of concern identified during the tour.

The PREA audit requires the auditor to conduct outreach to relevant national and local advocacy organizations and to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

Advocacy Organization	Date Received
Just Detention International (JDI)	7/30/2020
Rape, Abuse & Incest National Network (RAINN)	7/30/2020
Genesis House	1/12/2021

The auditor asked the advocacy organizations the following questions:

How many SAFE or SANE referrals were made in the last 12 months?

Can the resident remain anonymous, upon request, when making a report?

Who do you notify at the facility regarding the report?

How many reports has the organization received in the past 12 months for advocacy services?

How many residents reported sexual abuse and/or sexual harassment?

Documentation Review and Sampling

Documents Reviews: During the site review, documentation review included but was not limited to the audit team’s review of personnel files, training records, youth intake, screening, and education records; along with sexual abuse/harassment investigations (if applicable), grievances and any other related documents that covered the prior 12-month period. The documentation review process was covered by the auditor. It should be noted that at the request of the sheriff, employee records and some of the youth records were not authorized to leave the facility.

Records Review		
Name of record	Total # of records	# sampled and reviewed
Staff personnel records	13	13
Volunteers and contractor personnel record	1	1
Training files/documentation/records (staff, contractor, volunteer)	14	14
Medical/mental health records (victims) Resident contact after report SH/SA and intake screening ***the reported youth did not stay at the facility at least 14 days upon intake***	0	0
Intake files (resident education/SVAT) ***Records of youth placed after the start of audit reviewed as well.	221	64
Grievances ***there were no PREA Grievances***	36	36
Investigation Records	2	2

Investigation Records

	Sexual Abuse		Sexual Harassment	
	Resident on Resident	Staff on Resident	Resident on Resident	Staff on Resident
Hotline	0	0	0	0
Grievances	0	0	0	0
Anonymous, third party	0	0	0	0
Reports by Staff	0	1	1	0

Grievances: The PCJDC program has a system where youth can complete a grievance for any concerns or issues.

Informational Consolidation: The audit team members met frequently throughout the two days to consolidate information and ensure that the interviews, documentation reviews, and program observations supported a compliance determination for the required PREA standards. The team met onsite and offsite to discuss findings. When additional information was requested to establish compliance, the management team was responsive and made every effort to deliver documentation. The PCJDC staff were receptive to providing additional documentation along with noted concerns in documentation review.

Exit Briefing

The audit team conducted an exit meeting on 11/10/20 at which preliminary findings of the review were discussed with the program leadership team. During the exit meeting, the auditor provided an overview of the onsite inspection results and there was discussion of follow up requested information.

Post On-site Audit Phase

Upon return from the onsite phase of the audit, the auditor and the agency PREA coordinator/compliance manager agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data.

Communication with the PCJDC PREA coordinator/compliance manager and designated facility staff began immediately upon the conclusion of the onsite audit. Communication was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone. Documentation and clarification emails facilitated the ability to process both the Interim and Final Reports.

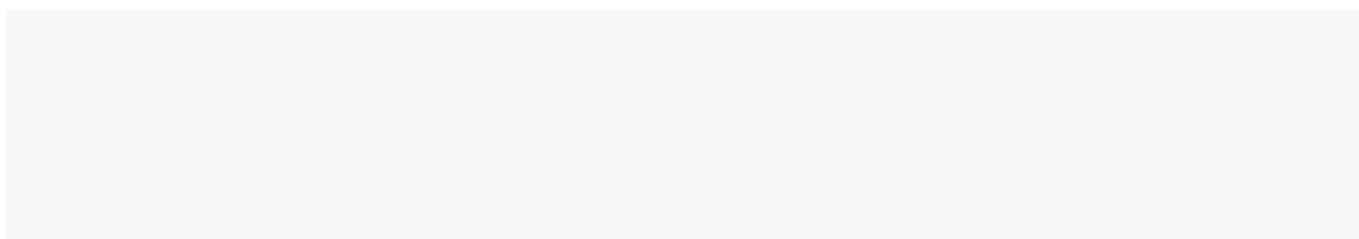
Audit Section of the Compliance Tool: The auditor continued to review documentation and interview notes gathered while onsite and compile information to enter the audit portion of the compliance tool. Detailed information from the audit interviews were integrated into relevant sections of the standards. To ensure all standards were thoroughly analyzed, the auditor proceeded standard by standard, determining compliance or non-compliance.

Interim Audit Report: The auditor completed entry of data into and determination of standard compliance on the Audit Compliance Tool and began writing of the Interim Report. The Interim Report included references to policies and procedures, agency and facility reports, and supplementary documentation provided by the facility during the site review, supporting information gathered during site review, as well as aggregated and de-identified information regarding interviews conducted for the purposes of this audit. The auditor incorporated evidence gathered onsite and thorough documentation review as proof for the conclusion of whether the facility exceeded, met, or did not meet the standard of review.

Upon submission of the Interim Report the facility was assessed to have exceeded 1 standard, met 20 standards, and required corrective action for 22 standards. While most of the corrective actions were associated with policy updates, the corrective actions were made prior to the final report. Overall, during the interim phase, the practice of the standards was met; however, needed to be operationalized.

Final results: 1 Exceeds and 42 Meets Standards.

Final Audit Report: 1/29/2021



Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Facility Demographics:

- Rated Capacity: 22
- Actual Population on First Day: 7
- Average Daily Population for the last 12 months: 11
- Security/Custody Level: Level One/Medium
- Gender: Male/Female
- General Medical Services: Provided by county jail
- Mental Health Services: Contracted/Provider comes onsite as needed.
- Number of staff hired by the facility in the last 12 months who may have contact with residents: 3
- Number of Positions: 13 (all considered direct care)
 - Lieutenant/Director- 1
 - Sergeant/PCM- 1
 - Direct Care - 11

Facility Description

The PCJDC is a county juvenile detention center that houses male and female offenders in the State of Tennessee. The facility shares mission statement of the Sheriff's Office:

The men and women of the Putnam County Sheriff's Office are committed to the protection of life and property among the citizens of the county, and are committed to providing law enforcement, corrections, and criminal justice services through a partnership with the community that builds trust, reduces crime, creates a safe environment, and enhances quality of life.

Core Values

- Integrity
- Courage
- Compassion
- Professionalism
- Accountability
- Respect

With integrity, compassion, and courage we serve our communities....protecting life and property, being diligent and professional in our acts and deeds, holding ourselves and each other accountable for our actions at all times, while respecting the dignity and right of all.

As previously stated, the facility serves as a contractor with the State Department of Children's Services-contracted to house youth in state custody. The scope of their contract requires them to adhere to the PREA standards. Website review describes the facility as:

The Putnam County Juvenile Detention Center mission is to provide a safe and secure facility for both inmates and the staff. The facility is a medium security correctional facility. The Putnam

County Juvenile Detention Center is operated and managed by the Putnam County Sheriff's Office. The Putnam County Juvenile Detention Center is located in Cookeville, Tennessee. Majority of the inmates that are already sentenced have sentences less than two years. The Putnam County Juvenile Detention Center accepts inmates from surrounding municipalities and towns when there are no rooms in city jails.

All violent and out of control inmates will be separated from the general population inmates to keep the peace inside the facility at all times. The Putnam County Juvenile Detention Center receives new inmates to the jail daily. While new inmates are coming in, there are also inmates leaving as well. Inmates are released when they post bail, placed under probation, or on their own recognizance.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: Click or tap here to enter text.

Training and Education

- 115.333 Resident Education

Standards Met

Number of Standards Met: 42

List of Standards Met:

Prevention and Planning

- 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.312 Contracting with other entities for the confinement of residents
- 115.313 Supervision and monitoring
- 115.315 Limits to cross-gender viewing and searches
- 115.316 Residents with disabilities and inmates who are limited English proficient
- 115.317 Hiring and promotion decisions
- 115.318 Upgrades to facilities and technologies

Responsive Planning

- 115.321 Evidence protocol and forensic medical examination
- 115.322 Policies to ensure referrals of allegations for investigation

Training and Education

- 115.331 Employee Training
- 115.332 Volunteer and contractor training
- 115.334 Specialized training: Investigations
- 115.335 Specialized training: Medical and mental health care

Screening and Risk of Sexual Victimization and Abusiveness

- 115.341 Obtaining information from residents
- 115.342 Placement of residents in housing, bed, program, education, and work assignments

Reporting

- 115.351 Resident reporting
- 115.352 Exhaustion of administrative remedies
- 115.353 Resident access to outside confidential support services
- 115.354 Third-party reporting

Official Response Following a Resident Report

- 115.361 Staff and agency reporting duties
- 115.362 Agency protection duties
- 115.363 Reporting to other confinement facilities
- 115.364 Staff first responder duties

- 115.365 Coordinated response
- 115.366 Preservation of ability to protect residents from contact with abusers
- 115.367 Agency protection against retaliation
- 115.368 Post-allegation protective custody

Investigation

- 115.371 Criminal and administrative agency investigations
- 115.372 Evidentiary standard for administrative investigations
- 115.373 Reporting to residents

Discipline

- 115.376 Disciplinary sanctions for staff
- 115.377 Corrective action for contractors and volunteers
- 115.378 Disciplinary sanctions for residents

Medical and Mental Care

- 115.381 Medical and mental health screenings: history of sexual abuse
- 115.382 Access to emergency medical and mental health services
- 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Data Collection and Review

- 115.386 Sexual abuse incident reviews
- 115.387 Data collection
- 115.388 Data review for corrective action
- 115.389 Data storage, publication, and destruction

Audits and Corrective Action

- 115.401 Frequency and scope of audits
- 115.403 Audit content and findings

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Policy: Prison Rape Elimination Act (PREA)
 - b. Putnam County Juvenile Detention Center (PCJDC) organizational chart
 - c. Pre-Audit Questionnaire (PAQ)
2. Interviews:
 - a. PREA coordinator
 - b. Director

Findings (By Provision):

115.311 (a). The PCJDC is governed by the Sheriff's Office of Putnam County and serves as a county juvenile detention center for multiple counties and a holding facility for youth in state custody. The PCJDC has policies and standards that governs its program. Policy: Prison Rape Elimination Act (PREA) states that "the detention center hereinafter has a zero tolerance for all forms of sexual abuse and sexual harassment of youth in the Putnam County Detention Center's custody, the detention center will take appropriate actions to reduce the risk of and detect and respond to all forms of sexual abuse and sexual harassment with the facility" (*pg. 1*). The policy further states that "the detention center prohibits any form of sexual activities involving youth-on-youth, and staff/visitors/contractors/interns-on-youth as defined by the US Department of Justice PREA Juvenile Standards, Tennessee Law, Tennessee department of Youth Services and Detention Center policies" (*pg. 1*).

The interviewed facility director confirmed the above standards and requirements of the PCJDC program. A review of the appropriate documentation, interviews with appropriate staff, and review of relevant policies, indicates that the facility follows the provisions of this standard. No corrective action is warranted.

115.311 (b). The PCJDC employs an upper level, agency wide PREA coordinator/director, Lieutenant Casey Flatt. According to the PCJDC organizational chart, the PREA coordinator is the facility director. The PREA coordinator supervises one PREA compliance manager. The PREA coordinator and compliance manager share duties in the development, implementation, and oversight of PREA standards at all the assigned facilities. Regular interactions occur via email and conducting training via classroom settings.

As indicated in the PAQ, the PREA coordinator indicated that he has sufficient time to develop, implement, and oversee agency efforts to comply with the PREA standards in the PCJDC. It should be noted that the responsibilities of the role of the PREA coordinator are completed as required by the standard.

A review of the appropriate documentation, interviews with appropriate staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.311 (c). According to the PAQ, the PCJDC has a designated PREA compliance manager. While PCJDC only operates one facility, there is an onsite designated PREA compliance manager. The PREA compliance manager, handles most of the day-to-day activities associated with the PREA standards and facility policies. Policy: Prison Rape Elimination Act (PREA), states that "the Putnam County Sheriff or designee will ensure that the Detention Center Director designates a PREA Compliance Manager. The facility/program Director or designee will provide the Agency PREA Coordinator with an update of any changes in PREA Compliance Managers within two weeks of the change" (*pg. 3*).

The PCJDC provided an organizational chart that outlines the setup of the organization. A review of the appropriate documentation, interviews with appropriate staff, and review of relevant policies, indicates

that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.):
 - a. Policy: Prison Rape Elimination Act (PREA)
 - b. Pre-Audit Questionnaire (PAQ)
 - c. Contract with Tennessee Department of Children's Services (DCS)
2. Interviews:
 - a. Agency contract administer-1

Findings (By Provision):

115.312 (a). The PCJDC is a county operated facility; that has contracts with other counties and the state to house youth. Policy: Prison Rape Elimination Act (PREA) states that "any new contract or contract

renewals by the Detention Center with any public and private agencies, for the confinement of youth, as well as contracts for professional services for youth will include the Detention Center's obligation to adopt and comply with PREA standards. Copies of all contracts containing the PREA Compliance Requirements will be maintained on file for review" (pg. 3).

The Pre-Audit Questionnaire (PAQ) indicated that the agency has not entered any contracts since the last PREA audit; conducted in 2017. A review of the appropriate documentation, interviews with appropriate staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.312 (b). The PCJDC is a county facility that is contracted to house youth from multiple counties and the Tennessee Department of Children's Services (DCS). The auditor interviewed the HR staff/contractor administrator; and it was reported that the facility does not contract out any services. It was later discovered that the facility has a county educator who comes by the facility to provide the youth with their required schoolwork and that the facility has a state contracted mental health provider who will come to the facility as needed; but services to house residents are not contracted to any other entity.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
▪ Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.):
 - a. PCJDC program Staffing Plan (dated 11/10/20)
 - b. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Supervision Monitoring Log/Unannounced Rounds -12 months
 - d. Memo from Sherriff (Action Plan for Video Monitoring for Juvenile Detention)
2. Interviews:
 - a. Director
 - b. PREA coordinator
 - c. Intermediate or higher-level staff - 2

Findings (By Provision):

115.313 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency ensures that each facility it operates develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating these adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration all relevant factors. It further indicated that the average daily number of residents since the last PREA audit is 16. Additionally, the average daily number of residents in which the staffing plan was predicted is 16. It should be noted that upon review of the daily count for the last year, the average daily population was reported to be 11. The PCJDC program provided policies, annual staffing plans, memos, annual reports, unannounced rounds reports, and shift rosters as documentation; showing that a staffing plan is being utilized as developed.

Policy: Prison Rape Elimination Act (PREA), states that the PCJDC program “will develop, implement, and maintain a staffing plan that provides staffing, and where applicable, video monitoring, to protect youth against sexual abuse” (pg. 3). It further states that “each time the staffing plan is not complied with the facility will document and justify all deviations from the staffing plan in accordance with Putnam County Youth Detention Center Policy” (pg. 3). During the onsite audit phase, the annual staffing plan was not completed. Upon review, the auditor recommended that the facility complete an annual staffing plan. Upon review of the Annual Staffing Plan dated 11/10/20, the PCJDC program takes into consideration the following:

- Generally accepted juvenile detention and correctional/secure residential practices.
- Applicable state or local laws, regulations, or standards.
- Judicial findings of inadequacy.
- Federal findings of inadequacy.
- Composition of youth population.
- Shift programming.
- Prevalence of substantiated incidents of sexual abuse.
- Facility blind spots or isolation.
- Composition of the resident population.
- Number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- The need for video monitoring.

According to interviews with the director/ PREA coordinator, the facility regularly develops a staffing plan and said plan is documented. The plan assesses the following:

- a. Adequate staffing levels and
- b. Video monitoring

The director further reiterated that the above-mentioned areas are considered when assessing adequate staffing plans. The director also reported that he checks for compliance with the staffing plans by completing weekly schedules, random checks, camera review; and the PCM conducts random checks. If there is ever an issue with meeting the PREA staff ratios, the facility will call in staff from other shifts.

The interviewed PCM stated that they review the staffing daily based on youth population. It was also confirmed that the PCM and the facility director will conduct random and unannounced visits to monitor staffing.

The PCJDC program currently has 13 positions assigned to its manning table and all staff are considered direct care workers. The director has a lieutenant title and the PCM is the FTO sergeant. At the time of the onsite audit there were 11 of 13 positions filled. During the pre-audit phase the facility did not have a current staffing plan, however one was completed on the last day of the onsite audit.

A review of the appropriate documentation, interviews with appropriate staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No further corrective action is warranted.

115.313 (b). According to the PAQ, the PCJDC program has not deviated from the staffing plan. The PCJDC program operates a staffing plan that meets the PREA ratio standards. The current staffing ratios for the PCJDC is 1:8 waking hours and 1:16 sleeping hours. The PCJDC provided documentation of the staffing shift/roster. The staffing plan covers two shifts every day. The facility had documented staffing logs; therefore 12 months of staffing outlines were reviewed.

The interviewed director reported that they have not had any circumstances where the facility has been unable to meet the requirements of the staffing plan. During the onsite audit phase, the auditor observed that staffing numbers were being met; however, one area of discussion was the over utilization of video observation, instead of having a staff presence on every unit where youth were housed. It was recommended that staff positioning involved direct observation.

As previously discussed, the video monitoring system was impacted by the county being infected with ransomware. As reported in a memo from the sheriff, the Federal Bureau of Investigations and the Secret Service were notified of the breach and an official investigation was launched and is ongoing. Due to the ransomware attack, the cameras at the juvenile site were compromised. New cameras have been ordered, new networks and switches have been installed, along with new lines. Until the cameras are fully back being operational, the Putnam County Sheriff's Office has enacted a plan of action where the juvenile correction deputies are conducting walks every 15 minutes.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (c). According to the PAQ, the PCJDC met staffing ratios by maintaining the staffing ratios of minimum 1:8 during resident waking hours and 1:16 during resident sleeping hours. As reported the facility, has not deviated from the staff ratios of 1:8 during waking hours and 1:16 during resident sleeping hours. The facility is obligated by the Tennessee Department of Children's Services to maintain the minimum 1:8 during resident waking hours and 1:16 during resident sleeping hours.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.313 (d). According the PCJDC staffing plan (dated 11/10/20), there have been no changes to the staffing numbers within the last 12 months. The facility has a video monitoring system; however, it should be noted that the video monitoring system was hacked in August 2020 and was still having glitches as the system was continuously being repaired to restore full functionality.

115.313 (e). As reported in the PAQ, the PCJDC has a policy and practice in place where intermediate or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The two intermediate or higher-level staff interviewed reported that

unannounced rounds are conducted by randomly walking through the facility. When conducting the unannounced rounds in the night hours, the interviewed staff may enter through the back doors, not inform anyone, and due to the smaller size of the facility they can conduct the unannounced rounds swiftly. The rounds occur at least twice per month. They will also review the logbook and video monitoring system. The unannounced rounds are documented in the logbook.

Policy: Prison Rape Elimination Act (PREA), states that “intermediate-level staff (Administrative Lieutenant, etc.) and higher-level staff shall conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment” (pg. 3). The policy further states that “the unannounced rounds will cover all shifts and all areas of the facility; unannounced rounds must be conducted after 12:30 am and no later than 4:30 am twice per month; and that staff are prohibited from alerting other staff of such rounds” (pg. 3). The interviewed PREA coordinator which is also the facility director reported that, with the facility being so small, he is involved in every aspect of staffing. The supervisory level staff; provide continuous walks throughs of the facility during waking hours.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action

No corrective action is recommended for this standard.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

1. Documents
 - a. Policy: Prison Rape Elimination Act (PREA)
 - b. Pre-Audit Questionnaire (PAQ)
 - c. State of Tennessee Department of Children's Services, *Search Procedures Training*
 - d. Training Logs - 16
2. Interviews:
 - a. Random sample of staff - 5
 - b. Random sample of residents - 6

Findings (By Provision):

115.315 (a). As reported in the PAQ, the PCJDC program does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months there have been zero reported cross-gender strip or cross gender visual body cavity searches of residents. Policy: Prison Rape Elimination Act (PREA), (pg. 4), states that "the facility will not conduct cross-gender strip and body cavity searches of youth. Cross-gender pat down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional orders of the facility."

Putnam County Juvenile Detention Center does not conduct cross-gender strip or cross gender visual body cavity searches of residents. While cross gender searches are prohibited staff receive training by the State of Tennessee Department of Children Services on *Search Procedures*. All five interviewed staff were aware of the process regarding refraining from cross gender searching. Additionally, they understood if opposite gender was not available, they would contact the jail or dispatch an officer to come and provide the search.

115.315 (b). As previously stated, the PCJDC program reported in the PAQ that it does not permit cross-gender pat-down searches of youth, absent exigent circumstances. It was also reported that there were zero pat-down searches of youth that were conducted by male staff; and zero pat down searches of female residents conducted by male staff that did not involve exigent circumstances.

Five direct care staff, representing staff from all shifts were interviewed. One hundred percent of staff interviewed indicated that they were not trained on cross gender pat down searches. However, they have a process in place to handle a youth that enters the facility of opposite gender. All interviewed direct care staff stated that the facility has male and female on all shifts. If an incident where to occur and there is a need to conduct search on the opposite gender, they would contact jail or dispatch staff to perform the search. The youth would be placed in cell until able to be searched.

One hundred percent of the residents reported that they have never been or had staff of the opposite gender conduct pat-down searches nor been naked in full view of opposite gender staff. A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (c). The facility indicated in their response to the PAQ that policy requests that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The program reported in the PAQ that there was no cross-gender strip or cross-gender visual body cavity searches conducted at the facility in the last 12 months. Policy: Prison Rape Elimination Act (PREA), states that "all searches must be documented detailing the exigent circumstances using Policy Attachment B-Cross Gender Searches Documentation" (pg. 4).

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (d). As indicated in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, along with policies and procedures that require staff of the opposite gender to announce their presence when entering a resident housing unit.

Policy: Prison Rape Elimination Act (PREA), (pg. 4), states that “with the exception of medical examinations or urine drug screens, staff will not view youth showering, performing bodily functions, or changing clothing except when such viewing is incidental to routine cell checks” (pg. 4). The policy further states that “staff of the opposite gender is required to announce their presence when entering the youth housing unit” (pg. 4).

One hundred percent of staff interviewed stated opposite gender direct care staff are never allowed to perform shower, dress, or bathroom duties of youth. The staff reported that they ensure privacy by positioning themselves in a manner that would provide youth privacy when unclothed. In addition, the five interviewed officers stated they normally do not enter opposite gender housing unit unless exigent circumstances.

The six interviewed residents stated they understood the rules regarding being dressed entering and exiting the bathroom and shower to ensure staff were not able to see them unclothed. Putnam County Juvenile Detention Center has appropriate shower curtains and bathroom coverage to ensure residents are allowed to shower, perform bodily functions and change clothes without being viewed by the opposite gender. Five out the six interviewed residents stated that staff do not announce their presence when entering housing unit, but they are able to see them when they enter the unit to ensure they are dressed. One resident acknowledged that one officer does knock on the door with keys when he enters the housing unit. The officer was not included in the group interviewed due to not being scheduled to work.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in partial compliance with the provisions of this standard. An immediate corrective action was put in place to retrain staff on their responsibility to make announcement when entering opposite gender housing.

115.315 (e). Per the PAQ, no searches or physical examination of a transgender or intersex resident for the sole purposes of determining the resident’s genital status occurred at the PCJDC program in the past 12 months. Policy: Prison Rape Elimination Act (PREA) states that “non-medical or medical staff will not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth’s genital status. If the youth’s genital status is unknown, it may be determined during a conversation with the youth or if necessary, by learning that information as a party of a broader medical examination conducted in private by a medical practitioner” (pg. 4).

One hundred percent of the interviewed staff stated that they were not trained on conducting cross-gender pat searches; and they are not allowed to conduct searches or physical examination of a transgender or intersex offender for the sole purposes of determining the offender’s genital status. While the staff are not allowed to conduct said searches, the facility did receive training from the State of Tennessee Department of Children’s Services on *Search Procedures*. No searches were reported to have occurred at PCJDC in the past 12 months. It was also reported that the facility has never had a known transgender or intersex youth.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.315 (f). As reported in the PAQ, the PCJDC program trained 100% of security-staff on conducting cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The facility provided the training material (*Search Procedures*) of the agencies cross gender and transgender pat search training.

A review of a sample of staff training records further supported the PCJDC program meeting the requirements of the provision.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

While the facility does not conduct cross gender pat down searches, it was reported in the PAQ that they are trained on said searches. A copy of the curriculum is needed to verify the contents of the training. A copy of the curriculum was provided. There are no further actions needed for the standard.

The standard is compliant.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Policy: Prison Rape Elimination Act (PREA)
 - c. Pre-Audit Questionnaire (PAQ)
 - d. Interpreter Memo
 - e. PREA Posters - 2
2. Interviews:
 - a. Director
 - b. Random sample of staff -5

Findings (By Provision):

115.316 (a). As reported in the PAQ, the PCJDC program, has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PCJDC policy (*pg. 5*) states that:

The facility director will ensure that the facility provides age-appropriate and disability services to youth by special education instructors or other means. The Director in consultation with the facility lead teacher and special education teacher will ensure that staff develops guidelines that will aid youth with disabilities to deliver PREA information. If necessary, the Director will work with the local board of education to develop a memorandum of understanding for providing these services. The guidelines should include but not limited to the following:

- Staff responsible for services
- Processes for accessing services to include weekends, holidays, after hours
- Documentation
- Timeframe in which service is to be delivered
- Follow-up
- All staff will be made aware of the procedures for accessing these services when needed.

It should be noted that there were no youth at the PCJDC program during the time of the audit that were identified as disabled and/or limited English proficient. The facility provided a memo that stated that "Putnam County Juvenile Detention Center uses a sworn Putnam County Deputy that is a full time Officer for interpreter services."

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.316 (b). As reported in the PAQ, the PCJDC program has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Policy: Prison Rape Elimination Act (PREA) states that, "accommodations will be made to ensure that youth who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse to staff directly,

through interpretative technology, or through non-youth interpreters” (pg. 5).

It should be noted that there were no youth at the PCJDC program during the time of the audit that were identified as disabled and/or limited English proficient.

The PCJDC program provided a contract for Spanish speaking and interpreter/translator for hearing impaired interpreter services.

115.316 (c). As reported in the PAQ, the PCJDC program prohibits the use of resident interpreters, readers, or other types of resident assistance. The Prison Rape Elimination Act (PREA) policy further states that the “facility prohibits use of youth interpreters, youth readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-responder's duties under 115.364 or the investigation of the youth's allegations. All exigent circumstances must be documented” (pg. 5).

The PCJDC program reported in the PAQ that there were no instances in the last 12 months where resident interpreters, readers, or other types of resident assistance was needed. One hundred percent of the random staff interviewed reported that resident interpreters are not allowed; nor have resident interpreters, resident readers, or other types of resident assistants been used in retaliation to allegations of sexual abuse or sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Policy: Prison Rape Elimination Act (PREA)
 - b. Pre-Employment Questionnaire - 16
 - c. Background Checks - 16
 - d. Five-year background check/promotions - 2
2. Interviews:
 - a. HR administrator

Findings (By Provision):

115.317 (a). As reported in the PAQ, the PCJDC program policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who “has been found guilty of sexual abuse or sexual misconduct and sexual harassment” (pg. 5).

All the above areas are asked in the Pre-Employment Questionnaire; in which the employee must acknowledge and sign. A review of 16 staff files; demonstrated that the PCJDC program is compliant with this policy.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (b). As reported in the PAQ, the PCJDC program, has a policy that requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents. The Prison Rape Elimination Act (PREA) policy, states that “all new hires and employees being considered for promotion will have a background investigation completed in accordance with the Putnam County Sheriff’s Department policies and in compliance with all PREA Standard requirements” (pg.5).

When interviewing the HR administrator, it was further reiterated that the PCJDC program has incorporated the above practices in its hiring of staff at the PCJDC program. The final analysis of the evidence indicates the facility does consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The policy provided in the PAQ aligns with the intent of the standard, as well as corroboration by the interviewee. Based on this analysis, the audit finds the facility meets standard.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (c). Policy: Prison Rape Elimination Act (PREA) states that “all new hires and employees being considered for promotion will have a background investigation completed in accordance with the Putnam County Sheriff’s Department policies and in compliance with all PREA Standard requirements” (pg. 5).

An interview with the Human Resources administrator, indicated that when conducting criminal record background checks, PCJDC considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotions. The HR administrator will review disciplinary history.

According to the PAQ, in the last 12 months, the program has hired three staff who may have contact with residents, who have had criminal background checks. A review of a sample of 16 personnel files of staff who were employed in the last 12 months, documented that the PCJDC program conducted the above referenced background checks. In total the auditor reviewed 100% of staff files that had contact with youth in the last 12 months. Upon further review, there were no identified volunteers at the facility in the last 12 months. The contracted staff identified is not contracted with the facility but is another county employee within the education system.

The final analysis of the evidence indicates the program requires that before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional

employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The policy provided in the PAQ aligns with the intent of the standard, as well as corroboration by the interviewee. The facility meets this portion of the provision.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (d). The program indicated in their response to the PAQ that agency policies requires that a criminal background records check is completed before enlisting the services of any contractor who may have contact with residents. Consistent with employee background checks; criminal history background checks, including driver's license checks and fingerprinting, shall be conducted on all volunteers, interns, and persons working in the department on contract who have direct contact with offenders.

The PREA policy further states that the "Detention Center shall perform a criminal background records check, and consult applicable sex offender registries, before enlisting the services of any contractor who may have contact with youth in accordance with the Department of Justice PREA Standards" (pg. 5).

The contractors, volunteers, and interns are also required to review and sign a Mandatory Pre-Service PREA Audit Questionnaire document addressing any prior sexual abuse in a residential setting. According to the PAQ, in the past 12 months there was one contract for services where criminal background record checks were conducted on all staff covered in the contract who may have contact with residents. The facility has a contracted teacher and a background check and training were completed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (e). The program indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the program either conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents or has in place a system for otherwise capturing such information for current employees.

The PCJDC program, Policy: Prison Rape Elimination Act (PREA), (page. 5), states that "the Detention Center shall conduct criminal background records checks at least every five years for non-security employees and contractors in accordance with PREA Standards". All PCJDC program background checks are completed by the Sheriff's Office. The interview with the Human Resources administrator reported that Investigations conducts the background checks. The interviewed investigator further confirmed that the PCJDC program conducts a state child abuse registry check before hiring new employees or contractors.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115. 317 (f). The PCJDC program has all newly hired and promoted employees complete a Pre-Employee Questionnaire form. Policy: Prison Rape Elimination Act (PREA), (page 6), states that "all Employees, whether part-time or full time or per diem, as well as all interns, contractors and volunteers must read and sign the Staff PREA Acknowledgment Statement. A copy will be maintained in the personnel file or the appropriate file."

When interviewing the human resources staff during the onsite audit, it was reported that the background checks are conducted on employees and contractors every in accordance with the PREA standards. The

background checks are conducted by the county investigation unit. Potential employees are asked on the applications about their previous misconduct and employees have a continuing affirmative duty to disclose any such previous misconduct. There were two promotions in 2019; in which applicable background checks were completed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (g). According to the PAQ, the agency's policy states that "material omission regarding misconduct, or the provision of materially false information, shall be grounds for termination." The agency's Policy: Prison Rape Elimination Act (PREA), (pg. 6); further reiterates "during the interview process the facility will ask all applicants and prospective employees directly about previous sexual abuse misconduct. Staff or contractors that omit material regarding sexual abuse and sexual harassment or provide materially false information shall be terminated."

The final analysis of the evidence indicates the facility considers material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Both the Pre-Employment Questionnaire and facility policies provide evidence to compliance with the standard. Based upon the evidence and analysis, the auditor finds the facility meets standard 115.317 (g).

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.317 (h). Policy: Prison Rape Elimination Act (PREA), (page. 6), states that the PCJDC program is "unless prohibited by law or Putnam County Sheriff's Department Policies, the Department's Office of Human Resources will provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer."

Interviewed HR administrator confirmed that the program will provide information on employment and can provide detailed information on a former employee(s), substantiated allegation of sexual abuse or sexual harassment, upon receiving a request from an institutional employer. It should also be noted that such requests must be made and approved through the county attorney.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

In the PAQ, there was one listed contractor. A copy of the background check of the contractor is needed. The facility provided the requested information. No further action needed.

The standard is compliant.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Policy: Prison Rape Elimination Act (PREA)
 - b. Memo Video Monitoring
 - c. Memo Action Plan for Video Monitoring (dated 11/10/20)
2. Interviews:
 - a. Agency head
 - b. Program director

Findings (By Provision):

115.318 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 6), addresses the standard requirements that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The facility indicated in their responses to the Pre-Audit Questionnaire (PAQ) that the program has not made substantial expansions or modifications to the existing facility since the last PREA audit.

Policy: Prison Rape Elimination Act (PREA), (pg. 6), stipulates that "when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residence from sexual abuse."

The interviewed agency head (sheriff) reported that the agency will “consider the effect of the design, acquisition, expansion, and modification upon the agency’s ability to protect youth from sexual abuse in addition to other requirements in other applicable Putnam County Sheriff’s Office policies related to physical plant requirements. Modifications or expansions will give serious consideration to eliminate open bay housing insofar as possible.” The facility director reported that there had not been any modifications to the facility since August 2012 or the last PREA audit.

A review of the appropriate documentation and review of relevant policies indicates that the program is compliant and exceeds the requirements of the provision of this standard. No corrective action is warranted.

115.318 (b). Policy: Prison Rape Elimination Act (PREA), further states that the program will consider how technology will enhance the ability to protect residents; when installing or updating video monitoring, electronic, or surveillance monitoring systems (*pg. 6*). The program reported in the PAQ that they have installed or updated its video monitoring system, electronic surveillance system, or other monitoring technology since 8/2012, or since the last PREA audit.

The interviewed facility director stated that the facility has 16 new cameras since the last audit. More recently they replaced the system from analog with digital. A memo was also provided that further confirmed the number of cameras. An additional memo was provided by the Sheriff, discussing the current system outage due to ransomware that impacted the county computer systems. As previously discussed, the facility is in progress of getting all cameras and software fully operational.

A review of the appropriate documentation and review of relevant policies indicates that the program is compliant with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Policy: Prison Rape Elimination Act (PREA)
 - b. Pre-Audit Questionnaire
 - c. SANE and Medical Agreements
2. Interviews:
 - a. Random sample of staff -5
 - b. PREA coordinator
 - c. Victim advocate

Findings (By Provision):

115.321 (a). The facility indicated in their responses to the Pre-Audit Questionnaire that the agency/program is responsible for conducting administrative sexual abuse investigations. Policy: Prison Rape Elimination Act (PREA), (pg. 6), states the “Tennessee Department of Children’s Services is responsible for conducting sexual abuse administrative investigations while the Putnam County Sheriff’s Office of Investigations is responsible for criminal sexual abuse investigations including youth-on-youth and staff-on-youth sexual abuse in accordance with U.S. Department of Justice PREA Standards and Tennessee Department of Youth Services Policies/Tennessee Law.”

During the onsite audit, five random staff were asked, “Do you know and understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse?” One hundred percent of the interviewed staff were aware of the agency’s protocols. All of the interviewed staff understood that if youth allege sexual abuse, they are to immediately make report to supervisor and contact hotline. In addition, if abuse occurs at the facility, they understood that residents would have to be separated immediately. Also, they would close off the area where the alleged abuse occurred until the state investigator arrives.

A review of the appropriate documentation and review of relevant policies indicates that the program is compliant with the provisions of this standard. No corrective action is warranted.

115.321(b). The program indicated in their responses to the Pre-Audit Questionnaire that the protocol is developmentally appropriate for youth but was not adapted from or otherwise based on the most recent edition of the DOJ’s Office on Violence Against Women publication, “*A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*”, or similarly comprehensive and authoritative protocols developed after 2011. The protocol is appropriate and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “*A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents*,” or similarly comprehensive and authoritative protocols developed after 2011.

A review of the appropriate documentation and review of relevant policies indicates that the program is compliant with the provisions of this standard. No corrective action is warranted.

115.321 (c). The program indicated in their responses to the Pre-Audit Questionnaire that the program offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and that there is no charge for these examinations. The program responded that residents are offered forensic medical examinations without financial cost to the victim. The program also indicated that in the past 12 months there were zero forensic medical exams conducted, no exams performed by SANE/SAFEs, nor any exams were performed by a qualified medical practitioner.

The PCJDC program provided documentation of SANE and medical agreements with Genesis House. The agreements cover the responsibility of said parties, access to medical and victim related services.

The auditor conducted an interview with a victim advocate from Genesis House. It was reported that the Genesis House can provide all victim advocacy and follow up emotional support services. If a resident is in need of a SANE/SAFE evaluation they will coordinate with the local child advocacy center to conduct the evaluation. Additionally, it was reported that the closest hospital that conducts SANE evaluations is 30 minutes away in Nashville, TN.

A review of the appropriate documentation and review of relevant policies indicates that the program is compliant with the provisions of this standard. No corrective action is warranted.

115.321 (d). The program indicated in their responses to the Pre-Audit Questionnaire that PCJDC attempts to make available to the victim, a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the program makes available to provide these services a qualified staff member from a community-based organization, or a qualified program staff member. The program provided documented efforts to secure services from rape crisis centers. Additional agreements were provided that outlined collaborative services with the Genesis House. As reported in the agreement, the Genesis House will offer victim advocate services.

The interviewed PREA compliance manager reported that the facility has a contract with Youth Villages to provide counseling services. It was further reported that the contact with Youth Villages is only for youth housed at the facility that are in state custody. The state juvenile justice agency will deploy the services of Youth Villages. There were no residents at the facility during the onsite audit, who reported sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (e). The program indicated in their responses to the Pre-Audit Questionnaire that they would provide, if requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support, crisis intervention, information, and referrals.

Interviews with the PREA coordinator indicated that the program has a contract with Youth Villages and the Genesis House. During the onsite audit there were no youthful offenders that reported sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.321 (f). NA the facility is responsible for conducting administrative and criminal investigations.

115.321 (g). The auditor is not required to audit this section.

115.321 (h). The auditor is not required to audit this section.

Corrective Action:

No corrective action is warranted for this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Investigation - 1
2. Interviews:
 - a. Agency head
 - b. Investigative staff - 1

Findings (By Provision):

115.322 (a). The PCJDC program reported in the PAQ that the program ensures that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Policy: Prison Rape Elimination Act (PREA), (pg. 8), states that the “facility Directors will ensure that all allegations of sexual abuse or sexual harassment are referred for investigation in accordance with Putnam County Sheriff’s Department Policies and U.S. Department of Justice PREA Standards”.

In the PAQ, the facility reported zero allegations of sexual abuse and sexual harassment were received during the past 12 months. Upon further review, it was determined that there was one reported incident of sexual abuse. The below mentioned allegation was reported at the detention center however the nature of the incident occurred at a different program. Upon review of documentation, the facility notified the placement agency of the allegation. A second incident involved youth on youth sexual harassment. The case was investigated and the youth were separated.

Allegation	# Received	#Investigated	#Referred for Criminal Investigation
<i>Sexual abuse and sexual harassment allegations</i>	2	1	0

An interview with the agency head confirmed that the agency ensures administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. It was also stated that the director of Investigations must follow the procedures in accordance with Putnam County Sheriff’s Office policies and Tennessee Department of Youth Services policies and protocols for investigations as well as applicable PREA standards.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.322 (b). As reported in the PAQ, the PCJDC program has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. Policy: Prison Rape Elimination Act (PREA), (pg. 8), states that “the Department of Investigations will ensure that investigations of all allegations of sexual abuse and sexual harassment on Detention Center Property, including third party and anonymous reports, are completed.” The PCJDC does not have an agency website; however, as a contracted entity of the Tennessee Department of Children’s Services, the PREA policies and requirements of contractors are posted on the state agency site.

Upon interview, the PREA investigator stated that agency policy requires that all allegations of sexual abuse or sexual harassment are referred for investigation. The Putnam County Sheriff’s Office investigators conducts the investigations for the juvenile detention center.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.322 (c). As indicated in the PAQ and further discussion with the Sheriff's Office of Investigation, is responsible for conducting criminal investigations at the facility. The PCJDC is an entity of the Sheriff's Office.

115.322 (d). The auditor is not required to audit this provision of the standard.

115. 322 (e). The auditor is not required to audit this provision of the standard.

Corrective Action:

The facility shall provide a copy of the grievance and relevant documentation associated with the one allegation of sexual abuse. All documentation for the PREA related allegations were provided. No further corrective action is warranted.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. PREA Training Curriculum
 - d. PREA Signed Acknowledgement Forms -16
 - e. PREA Initial and Refresher Sign-In Sheets (dated 11/14/20)
 - f. In Service Training (dated 6/17/20) - 8
 - g. In Service Training (dated 6/10/20) – 5

- 2. Interviews:
 - a. Random sample of staff - 5

Findings (By Provision):

115.331 (a). Policy: Prison Rape Elimination Act (PREA), states that “all staff must be able to fulfill his/her responsibilities under the agency sexual abuse prevention, detection, and responsible policies and procedures. Staff must complete the PREA Training Series as required the Tennessee Department of Children Services.” The facility utilizes the MOSS Group Training. The following components are included in the training:

- The agency’s zero-tolerance policy for sexual abuse and sexual harassment;
- How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in resident facilities;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.; and
- Relevant laws regarding the applicable age of consent.

Staff Development and Training curriculums were evaluated by the auditor and contained all items indicated above. Sign in sheets for staff initial and refresher training was reviewed showing compliance with the practice of training staff (Training Signing Sheet dated 6/10/20, 6/17/20, and 11/14/20). It should be noted that additional refresher training was requested by the auditor to address areas that staff were not consistently adhering too, such as announcements when entering opposite gender housing units.

Interviews with all random sample staff confirmed that they received PREA education when employed during new employee training and during annual in-service training. All five officers and contracted teacher received five or more hours of training regarding sexual abuse and sexual harassment, detection and response. The staff reported that they received PREA education during basic training and during annual in-services training. All six staff were aware of the zero-tolerance policy. One hundred percent of the interviewed staff were aware PREA topics and knew how to report sexual abuse, sexual harassment, detection and response. In addition, they knew the process of reporting sexual abuse using the hotline. In addition, all staff were able to give examples of avoiding inappropriate relationships with residents.

TIME FRAME	NEW EMPLOYEE/ ANNUAL IN SERVICE
7/2019-11/2020	16

***Time frames extended due to the rescheduling of the original audit.

It should also be noted that the contracted Youth Villages mental health counselor and the contractor also completed PREA training.

Through random interviews with five staff and one teacher and review of 13 training records, the auditor confirmed that PCJDC program staff had been trained on the above defined components. All five officers and county teacher reported receiving five or more hours of training regarding sexual abuse and sexual harassment, detection and response. Interviews were completed with all staff scheduled and confirmed

they received PREA education during basic training and during annual in-services training. The six interviewed staff were aware of the zero-tolerance policy. One hundred percent of the staff scheduled for day of interviews were aware PREA topics and knew how to report sexual abuse, sexual harassment, detection and response. In addition, they knew the process of reporting sexual abuse using the hotline. In addition, all staff were able to give examples of avoiding inappropriate relationships with residents.

A review of the appropriate documentation, interviews with appropriate staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (b). The program reported in the PAQ that training is tailored to meet the unique needs and attributes and gender of the residents at the PCJDC program. Policy: Prison Rape Elimination Act (PREA), (pg. 6), reiterates that “the training will be tailored to the unique needs and attributes of the adolescent female residents served by the PCJDC program”. A review of 13 staff training records along with in-service training logs confirmed compliance with the standard.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the program is in compliance with the provisions of this standard. No corrective action is warranted.

115.331 (c). The PAQ indicated that 13 of the PCJDC staff currently employed were trained or retrained on the PREA requirements. The facility also reported in the PAQ that staff receive annual PREA refresher training. A review of 13 staff training records and in-serve training logs confirmed compliance with the standard. Additionally, staff receive training on state *Child Abuse* standards.

115.331 (d). The PAQ indicated that the program requires employees who may have contact with residents to document, via signature, that they understand the training they received. Staff signature of acknowledgement was provided on the *Juvenile Detention Center In-Service Training Form*. Additionally, upon hire staff are required to a *DCS PREA Acknowledgement Form*.

During the pre-onsite, on-site, and post-onsite phase, documentation review of 13 employees indicated acknowledgement of training received. The training records reviewed, provided evidence that the facility consistently conducts annual training with staff, and there was adequate documentation of employee signatures verifying the employee’s comprehension of the training.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Contracted Training Certification and Statement-1
2. Interviews:
 - a. Volunteers or contractors who have contact with residents - 1

Findings (By Provision):

115.332 (a). According to the PAQ, all volunteers and contractors who have contact with resident have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Policy: Prison Rape Elimination Act (PREA), (pg. 8), states that the "facility shall ensure all volunteers, interns and contractors who have contact with youth have been trained on their responsibilities under the agency's sexual abuse prevention, detection, and responsible policies and procedures."

Upon review of the *PCJDC Volunteer Orientation Training* PowerPoint (PPT) and the *PCJDC Contract Training* (PPT), volunteers and contractors are trained consistent with all direct care level staff. Additionally, volunteers/interns/contractors receive handouts, brochures and material consistent with staff training and informational material. The facility did not have any identified volunteers and one listed contracted staff.

115.332 (b). It was reported in the PAQ that there was one volunteer or contractor who has contact with residents, has been trained on the agencies policies and procedures regarding sexual abuse/harassment prevention, detection, and response. At the time of the audit there were no volunteers at the facility. Policy: Prison Rape Elimination Act (PREA), (pg. 8), states that “the training will be provided based on the level of contact the volunteer, interns, and contractors is based on the services they provide and level of contact they have with youth”. There were no identified volunteers at the facility. It should be noted that the contracted staff, is essentially a no cost agreement with another county department (education) to provide educational services to youth at the facility.

One interviewed county teacher and a contracted mental health provider supported receiving training in their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure.

115.332 (c). As reported in the PAQ, the PCJDC program maintains documentation confirming that volunteers/contractors understand the training they have received. Policy: Prison Rape Elimination Act (PREA), (pg. 8), requires that the PCJDC program maintain said documentation confirming that volunteers and contractors understand the training they receive. The auditor reviewed a copy of the contractors training records. The contractor completed training on 6/11/20.

Upon review of the records the facility is compliant with the provision.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. PREA Orientation PPT
 - d. PREA Posters/Handouts
 - e. Student Handbook
 - f. Signed Residential Education Acknowledgement Statements (48)
2. Interviews:
 - a. Intake staff - 2
 - b. Random sample of residents - 8
3. Onsite observation
 - a. PREA Posters

Findings (By Provision):

115.333 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 8) states that during the intake process, “youth shall receive, at a minimum, age-appropriate oral information, the PREA intake flyer, an explanation of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of suspicions of sexual abuse or sexual harassment.” Its further stated that staff are required to read and explain the *Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA)* as provided by the Tennessee Department of Children’s Services (DCS). At intake, the DCS Pamphlet *Step Up...Speak Out, A Handout on How to Report an Incident of Sexual Misconduct or Sexual Assault*, along with posters placed throughout the program provided residents with age appropriate PREA education.

Per the PAQ, 221 residents were admitted during the past 12 months and received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. One hundred percent of the residents were reported to have received information at the time of intake of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Additional youth were placed at the program, since the PAQ was completed; therefore, the auditor reviewed 48 resident intake records. Based on the information provided, and the acknowledgement through signature, the residents received the required information regarding the programs zero tolerance policy on sexual abuse and sexual harassment.

One interviewed intake staff reported that intake can occur daily, at any time of the day. It should be noted that all interviewed direct care staff were trained on the intake process and have ability to complete intake on youth when they enter the facility. One hundred percent of the staff interviewed acknowledged they covered the PREA handout with youth when they enter the facility. There were no intakes to observe during the onsite observation, however auditor did observe that there were PREA related posters in the intake area and in each of the housing units. The staff interviewed stated that youth are provided information regarding their rights within 30 minutes of entering the facility.

The six-youth detained in the facility during the onsite portion of the audit, were detained during the past four months. All youth were able to articulate understanding of rights to not be sexually abused or harassed in the facility. Youth stated they were explained and given information regarding facilities rules against sexual abuse and harassment when they arrived in intake. Each youth was provided a paper handout regarding their rights and rules that included reporting sexual abuse and hotline posters were

posted throughout the facility. Putnam County Juvenile Detention Center maintains a logbook that youth are required to sign during intake stating that PREA was covered with each of the youth.

A review of the appropriate documentation, interviews with residents and review of relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (b). As reported in the PAQ, 221 residents that were admitted in the program during the past 12 months, who's length of stay was for 10 days or more, received comprehensive education regarding their right to be free from both sexual abuse/harassment and retaliation, for reporting such incidents, and on agency policies and procedures for responding to such incidents. Policy: Prison Rape Elimination Act (PREA), (pg. 9) states that "within 48 hours of intake, staff at the facility will provide comprehensive, in person, age-appropriate education to youth." As indicated in the policy, additional information will be readily available to the youth through posters and youth handbooks.

One interviewed intake staff reported that a PREA orientation PPT, handbook and pamphlet is reviewed with each resident of the program within 24 hours of placement at the program. As previously stated, six residents were interviewed, one hundred percent of them stated PREA related information and the programs rules against sexual abuse and harassment is provided the first day at the facility.

Intake records of 48 residents who entered the program during the audit cycle corroborated that residents received the sexual abuse and sexual harassment education at intake.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (c). As reported in the PAQ, all residents received PREA related education within 10 days of being placed at the program. The program policy requires that residents receive the PREA education within 48 hours but not less than three day after intake. Additionally, residents transferred from another facility will receive PREA education upon intake and during orientation.

The residents at the PCJDC program received information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. The one interviewed intake staff reported that they ensure that current and transferred residents have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment by providing information via a PPT presentation, handouts and brochures. The interviewed intake staff and direct care staff reported that they ensure current residents, as well as those transferred from other facilities have been educated on the agency's zero tolerance policy on sexual abuse and sexual harassment by reviewing the PREA orientation documents with them; and ensuring they sign the acknowledgement form. The six interviewed residents reported receiving the PREA related education and information on the same day they were placed at the facility.

Documentation provided to the auditor prior to the onsite visit indicated that the information is given in an age-appropriate fashion. Forty-eight signed acknowledgement forms were reviewed. A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (d). As indicated in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are: limited English proficient (LEP), deaf, visually impaired, otherwise disabled, limited in their reading skills. Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that "the appropriate education staff will provide youth under the Individuals with Disabilities Education

Improvement Act (IDEA 2004) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.”

There were no residents who met the criteria of this provision to be interviewed at the time of the audit. The auditor did observe brochures in Spanish and English. A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (e). As reported in the PAQ, the agency maintains documentation of offender participation in the PREA education sessions. Documentation of resident's participation in the PREA comprehensive education sessions is available per policy and facility procedures in the resident files. Resident intake records were reviewed to assure fidelity with this documentation. Forty-eight files reviewed, indicated that resident education and acknowledgement was properly documented.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.333 (f). Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that “the facility shall ensure that key information is continuously and readily available or visible to youth through posters, student handbooks, or other written formats.”

Based on site review, the PREA materials (including posters, resident handbooks, and brochures) were continuously visible in both English and Spanish throughout the facility. The residents housed at the program had ready access to PREA related material. During the site tour PREA related resident education was found to be readily available and accessible.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

The facility exceeded expectations in that youth consistently received PREA education on the same day of placement at the facility.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Investigator records (*Tennessee Bureau of Investigation*) - 1
2. Interviews:
 - a. Investigative staff - 1

Findings (By Provision):

115.334 (a). As indicated in the PAQ, agency policy requires that investigative staff are trained in conducting sexual abuse investigations in confinement settings. Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that “The Office of Investigations, Putnam County Sheriff’s Department and the Tennessee Department of Children’s Services are responsible for investigations of allegations of sexual abuse and sexual harassment”. Investigators have received specialized training as required by PREA standards. It should also be noted that the PCJDC program conducts administrative investigations and criminal investigations are referred to the local law enforcement.

The programs policy further states that “if at any time investigations are conducted by an outside law enforcement agency, the PREA coordinator will at a minimum inform the law enforcement agency of the training requirements under PREA for conducting an investigation within a correctional facility” (pg. 6). The interviewed investigator reported that as a law enforcement investigator, he is trained on conducting sexual assaults on children and adults through the Tennessee State Investigations Training. It was further reported that said training covered the following elements:

- Techniques for interviewing juvenile sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.

The investigator further stated that some other aspects included how to deal with victims, getting statements, and processes to gather evidence.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.334 (b). As previously stated, PCJDC program Policy: Prison Rape Elimination Act (PREA), (pg.9) states that specialized training includes:

- Techniques for interviewing juvenile sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.334 (c). As indicated in the PAQ, the agency maintains documentation showing that investigators have completed the required trainings. The PAQ also, indicates that three PCJDC staff have completed the required training. While conducting the onsite audit, it was reported that the PREA coordinator and the program director serve as back up administrative investigators. All of the administrative investigators are staff employed by the Sheriff’s Office. The Sheriff’s Office is within a block of the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.334 (d). The auditor is not required to audit this standard.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Medical Training Log - 10 staff
 - d. Mental Health Training Records – 1
 - e. Signed *Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)* form -11
 - f. Prison Rape Elimination Act of 2003, Specialized Mental Health Training
2. Interviews:
 - a. Medical and mental health staff - 2

Findings (By Provision):

115.335 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that “Putnam County Sheriff’s Department shall require and document specialized training related to PREA issues. Mental Health staff will also receive specialize training required by PREA and documentation of training will be maintained on file.”

As reported in the PAQ, 21 medical and mental health staff who work regularly at the facility, have received the training required by policy. It should be noted that after further discussion it was discovered that there are no medical and mental health staff who regularly work at the facility, however the Sheriff’s Office medical staff located at the jail provides the necessary medical services to youth at the facility. A training log dated November 2020, provided evidence of medical staff receiving PREA training. Additionally, the facility has a contract where a clinician from Youth Villages will come to the facility to address the mental health needs of state custody youth, as needed. In addition to the training log, the 11 identified medical and mental health providers signed an *Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)* form.

The health services administrator at the jail was interviewed. It was reported that all medical staff were just updated on PREA education training. It was reported that the video was an hour long and specific to corrections and medical providers (NCCHC PREA training). The interviewed Youth Villages mental health

staff had not been trained as of the date of the onsite audit. A certification of completing PREA training was provided by the Youth Villages staff. The staff was recently assigned to respond to the youth needs at the facility. The training was completed on 11/13/20.

The auditor reviewed training records of 11 medical and one mental health staff. The records confirmed the completion of the above-mentioned training.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.335 (b). The PCJDC program does not conduct forensic medical examinations. Interviews with the medical staff, further confirmed that they are not trained to conduct such examinations. Forensic medical examinations are conducted by the local emergency room.

As previously stated, the auditor reviewed the training records for 10 medical and one mental health staff; confirming the scope of training received. A review of the appropriate documentation and review of relevant policies indicates that the program is compliant with the provisions of this standard. No corrective action is warranted.

115.335 (c). Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that “documentation of their PREA standards specialized training will be secured and maintained on file.” The program maintains training records of the medical and mental health staff. A sample of medical and mental health staff records were reviewed and confirmed that the staff receives training as required by the standard. As previously stated, the auditor reviewed the training records for 10 medical and one mental health staff; confirming the scope of training received.

A review of the appropriate documentation review of relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.335 (d). The facility does not have full time medical and mental health staff at the facility. The facility utilizes medical staff at the jail and has a contract for mental health services. Ten medical staff and one mental health staff completed specialized training.

Corrective Action:

No corrective action is recommended for this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (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? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center (form) – 62 *** (14/64 during corrective action)
 - d. Memorandum of Policy Directive
2. Interviews:
 - a. Staff responsible for risk screening - 5
 - b. Random sample of residents - 6

- c. PREA coordinator
- d. PREA compliance manager

Findings (By Provision):

115.341 (a). Policy: Prison Rape Elimination Act (PREA), (pgs. 9), states that “at the time of the youth’s admission to a secure facility, including transfers between secure facilities, the youth will complete the PREA Intake Screening within 48 hours, using the Tennessee Department of Children’s Services, Assessment, Checklist and Protocol for Behavior and Risk for Victimization” form. The policy further states that the “Facility Director will ensure that the staff re-evaluate the youth within 30 days.” According to the PAQ, 100% of the 221 residents who entered the program within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing residents within 72 hours of their entry into the facility. A review of 64 resident files, confirmed that residents are screened within the time frames of this standard. It should be noted that records for residents who entered the facility in between the PAQ and the onsite audit date were also included for review.

All direct care staff are trained to complete intake process on new residents that enter the Putnam County Juvenile Detention Center. All five direct care staff stated they conduct screening assessment on youth upon entering the facility. During the intake process staff will complete initial screening to determine if youth have a previous sexual abuse history or possible risk of sexually harming others in facility before determining housing options. During screening this information is gathered through interviewing youth, court documents, reviews of medical, reports of previously violent cases, sexual orientation, and offender history. Youth housed at Putnam County Juvenile Detention Center are normally detained less than 45 days. Risk level reassessments are handled by youth’s case worker or Youth Villages.

One hundred percent of the youth detained on day of onsite audit could recall being asked during intake about prior history of sexual abuse, or whether they identified as being gay, bisexual, lesbian, or transgender. None of the six could recall being asked about their sexual abuse or sexual orientation again since intake. All youth have been in facility less than three months.

A review of 64 records of residents who entered the program in the last 12 months provided evidence that the appropriate screenings occur within 72 hours. The screening tool is called the *Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center*, and 100% of the reviewed intake screening forms were completed within hours; hence exceeding the standards. It was observed that staff were not fully completing the instrument. The section *Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth*, were not completed on those youth who met criteria of being vulnerable. There were seven out of the 48 screening forms reviewed, that should have required the completion of the above referenced section.

To meet compliance with the standard, the auditor will observe new intake forms for 60 days to monitor completion of the form. The auditor reviewed 14 intaking risk assessment forms during corrective action. The facility implemented a process to retrain staff and ensure that they are completing the form in entirety.

A review of the appropriate documentation and relevant policies indicates that the facility is in compliance with the provisions of this standard. No further corrective action is warranted.

115.341 (b). The PAQ indicated that the PCJDC program utilizes a risk assessment that is an objective screening instrument. The assessment tool asks open and closed questions, placing a scoring system based on the youth response.

A review of the appropriate documentation and relevant policies indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (c). All of the direct care staff are responsible for risks screening reported that initial screening takes the following into consideration:

- Age
- Sexual orientation
- Whether they identify as lesbian, gay, bisexual, transgender, or intersex
- Disabilities
- Self-harm behaviors
- Suicide risk
- Intellectuality
- Abuse
- Risk of sexual abuse or abusiveness
- Physical and sexual abuse history

A review of the screening instrument confirmed that the above-mentioned areas are taken into consideration when making programming and housing decisions.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (d). The intake screening tool used by the PCJDC program takes into consideration, “At a minimum, facilities shall attempt to ascertain information about:

1. Self-harm, suicide risk
2. Victimization and abuse history
3. Risk of sexual victimization or abusiveness
4. Resident self-identification as lesbian, gay, bisexual, or transgender (LGBT is not used as an indicator for potentially sexually abusive behavior)
5. Emotional and cognitive development
6. Mental illness or disabilities
7. Physical ability and possible disabilities
8. Intellectual ability
9. Physical size and stature
10. Age
11. Current charges and offense history
12. Residents will not receive disciplinary action for refusing to disclose any or all information related to her physical and mental ability, sexual orientation, or any information used to assess vulnerability.

The interviewed direct care staff responsible for risk screening, reported that they attain the information through conversation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.341 (e). Policy: Prison Rape Elimination Act (PREA), (*pg. 10*), states that “youth responses to questions will be on a need-to-know basis to ensure that sensitive information that might affect the youth should not be disclosed.”

The designated PREA coordinator and compliance manager, reported that all staff at the facility conduct intake and all the intake forms completed remain in booking. The facility is small, and all staff have access

to the forms. It should also be noted that during shift briefings, the staff will cover identified risk and vulnerabilities of youth.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

The section *Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth*, were not completed on those youth who met criteria of being vulnerable. There were seven out of the 48 screening forms reviewed, that should have required the completion of the above referenced section. During the corrective action phase 14 additional *Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth* forms were reviewed. The facility has made the necessary corrections. No further action is needed.

The facility has met compliance with the standard.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy Prison Rape Elimination Act
 - c. *Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center - 64.*
2. Interviews:
 - a. PREA compliance manager
 - b. PREA coordinator

- c. Staff responsible for Risk Screening - 5
 - d. Director
 - e. Medical and mental health staff - 2
 - f. Randomly selected staff - 5
3. Onsite Tour
- a. Review of housing units

Findings (By Provision):

115.342 (a). As stated in the PAQ, the PCJDC, uses information from the risk screening to inform housing, bed, work, education, and program assignment with the goal of keeping the resident safe and free from sexual abuse. Policy Prison Rape Elimination Act, states that “PCJDC will use information obtained from the intake assessments/screenings and subsequently, to make to make housing, bed, program, education, and work assignments for juveniles with the goal of keeping all juveniles safe and free from sexual abuse” (pg. 11).

The interviewed PREA compliance manager indicated that program would take information gathered and determine where to place the youth. One staff was interviewed who is responsible for risk screening, and The information collected during the intake screening is used to determine housing unit for youth at the facility and prevent sexual abuse while at facility. While visiting the facility no resident was isolated.

A review of 48 Assessment, *Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center* forms, has an option to address housing; however, that section of the form was consistently not completed by staff. In corrective action phase, the facility implemented a protocol and retrained staff to complete the form in entirety. Fourteen additional *Assessment, Checklist and Protocol for Behavior and Risk for Victimization in Youth Development Center* was reviewed and compliant with the standard.

115.342 (b). As stated in the PAQ, the PCJDC, has a policy that indicates that the residents at risk of sexual victimization will only be placed in isolation if less restrictive measures are inadequate to keeping them and other residents safe. The interviewed director reported that the PCJDC does not utilize isolation, as a result of a PREA allegation. If necessary, the involved parties would be moved to a more open area. During the on-site tour the room was observed and had appropriate windows and blinds as prescribed in the PREA standards.

As previously reported, the facility does not have onsite medical and mental health staff; however, the interviewed health services administrator stated that the jail mental health could provide crisis services at the jail if necessary. The contracted mental health staff was new to the role and was not aware of her role in responding.

While the facility does not utilize isolation, the interviewed supervisor who could supervise a youth in isolation stated that the youth would always have access to services; however, it would be up to them to choose to participate. Any separation would only be used for a temporary time and based on the infraction. It was also reported that the youth would not be left alone. If the youth is in state custody, they would have them moved to a more appropriate facility.

It should be noted that there were no youth placed in isolation who were at risk of sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (c). Policy Prison Rape Elimination Act, states that, “Lesbian, gay, bisexual, transgender, or intersex youth will not be placed in particular housing, bed, or other assignments solely on the basis of

such identification or status, nor will the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive” (pg. 11).

The interviewed PREA coordinator reported that it would be handled on a case-by case basis; they would assess the risk level to determine which POD to put the youth on. Due to the size of the facility, there are not many options for each facility. “We will put special protocols into place for residents presenting special housing needs. Each facility will evaluate each situation to assure the residents safety within the facility.” The interviewed PREA compliance manager reported that the program does not have special housing unit (s) for lesbian, gay, bisexual, transgender or intersex residents. At that time, the facility has not had to respond to housing a transgender or intersex resident; however, if necessary, they could temporarily place the youth in the multipurpose room. There were no residents interviewed that identified as lesbian, gay, or bisexual. When reviewing the intake and housing assignments, there was no evidence that rooming decisions were made based on a resident identifying as gay, lesbian, bisexual, transgender, or intersex residents.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (d). The program policy will make assignment decisions for transgender or intersex residents on a case by case. Policy Prison Rape Elimination Act, states that, “placement and programming assignments for each transgender or intersex youth shall be assessed every 6 months to review any threats to safety experienced by the youth” (pg. 11).

The interviewed PREA compliance manager stated that housing assignments are not made based on LGTBI identification. Specifications for housing or programming is addressed during intake. The five direct care staff interviewed reported that the facility does not have special housing unit for LGBTI resident. They do keep a logbook as part of classification screening. None of the six-youth at the facility during the onsite audit identified as LGBTI.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (e). As previously stated, the facility policy states that “transgender or intersex youth shall be reassessed at least every 6 months” (pg. 11). The interviewed staff responsible for risk screening stated that safety considerations are made for transgender or intersex residents would be taken into consideration; however, the program has not had a transgender or intersex resident. The interviewed PCM stated that the facility would assess at intake and ongoing monitoring of the youth.

115.342 (f). Policy Prison Rape Elimination Act, states that, “A transgender or intersex own views with respect to his or her safety will be given serious considerations” (pg. 11). The interviewed PREA compliance manager reported that PCJDC staff assesses whether placement would present management and security problems. The placement decisions are made at intake. Such considerations are taken throughout the youths stay at the facility; however, they have not had a transgender or intersex resident.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.342 (g). Policy Prison Rape Elimination Act, states that, “Transgender and intersex youth shall be given opportunity shower separately from other youth” (pg. 11). It should be noted that each housing unit has only one shower.

All youth at PCJDC program shower separately, therefore said practices would also apply to transgender or intersex residents that are placed at the program. The interviewed direct care staff (s) responsible for risk screening also reported that all residents are given the opportunity to shower separately, consistent with all youth placed at the program; therefore, transgender or intersex residents would follow that same protocol.

There were no transgender or intersex residents at the facility during the onsite inspection.

115.342 (h). As reported by the PREA compliance manager there were no residents placed in isolation that were at risk for sexual victimization.

115.342 (i). As previously stated, the facility does not utilize isolation. All random interviewed staff could be responsible for supervising residents in isolation; however, none were aware of an instance of a youth being placed in isolation that were at risk for sexual victimization.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

During the onsite visit, it was identified that the facility intake staff were not completing the Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center form in entirety. During corrective action, 14 additional documents were reviewed and the facility met compliance with the standard.

No further action is warranted. The facility is compliant with the standard.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy Prison Rape Elimination Act
 - c. Student Handbook
 - d. Grievance Form
 - e. *Step Up...Speak Out Brochure*
 - f. PREA Posters
 - g. Staff PREA Training
2. Interviews:
 - a. Random sample of staff - 15
 - b. Random sample of residents - 6
 - c. PREA compliance manager

Findings (By Provision):

115.351 (a). As reported in the PAQ, the PCJDC has established procedures allowing multiple internal ways for residents to privately report sexual abuse or sexual harassment. Policy: Prison Rape Elimination Act, describes multiple ways in which a youth can report PREA; which includes, but is not limited to: verbally, help request, grievance, anonymously, third-party reporting, and reporting to a private entity or the hotline.

In review of the student handbook, there are multiple ways provided for the youth to report sexual abuse or sexual harassment. Additionally, the facility provided copies of the PCJDC grievance forms. The grievance process is one of many ways in which a resident could report sexual abuse or sexual harassment. During the tour of the facility the auditor observed PREA posters throughout the program.

The five interviewed direct care staff were aware of two ways to report resident abuse including calling the hotline or making report to supervisor. The six interviewed residents reported knowing they can report abuse to, facility staff, caseworker, call PREA hotline number, write a grievance or tell parents. In addition, the facility ensured staff and residents were aware of the hotline number because it was posted throughout the building on posters. The six residents were also aware they should not be punished for report abuse of self or others.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (b). As reported in the PAQ, the PCJDC provides more than one way for youth to report abuse or harassment to a public or private entity that is not part of the agency. Policy Prison Rape Elimination Act addresses multiple entities in which a resident may report. Such described entities include but are not limited to the toll-free hotline and the Tennessee Department of Children Services. The policy further extends reporting standards to those detained for civil immigration purposes.

In review of the Student Handbook and the PREA brochure, youth are provided multiple ways in which they can make a report of sexual abuse and sexual harassment. Such ways to report also included to a public or private entity that is not a part of the agency. The PREA compliance manager further reiterated that youth are able to report allegations of sexual abuse or sexual harassment through the grievance process and the hotline number. Allegations can be reported anonymously, or they can notify any staff. It was also reported that youth are provided this information during intake and also PREA training with the PREA compliance manager. The grievances are responded to immediately or within 24 hours. Upon review of 36 grievances, it was found that the process to respond immediately was consistent.

When interviewing the six youth at the program, it was reported that the program has provided youth with multiple ways to report. The youth reported that they felt comfortable telling a direct care staff at facility if abuse occurred and hotline would be their second option.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (c). The program reported in the PAQ, that there is a policy mandating staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. Policy: Prison Rape Elimination Act, further reiterates said requirements. Additionally, staff are required to document the reports immediately. The resident handbook describes multiple means for youth to report. Such means include verbally, in writing, anonymously, and from third parties. As previously discussed, the youth were able to describe being able to make reports verbally, in writing, anonymously, and from third parties.

One hundred percent of staff interviewed were aware that if were informed of allegations of abuse they must report incident immediately to supervisor. As previously stated, the youth reportedly felt comfortable telling a direct care staff at facility if abuse occurred and hotline would be their second option.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (d). As reported in the PAQ, the program provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The PREA compliance manager reported that the facility provides residents with tools to help them make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by using the grievance form, hotline, tell parents, teacher or other staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.351 (e). The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Policy Prison Rape Elimination Act, states that, “staff/contractors/volunteer/interns may privately report sexual abuse and sexual harassment of residents by reporting to their Supervisor, Agency PREA Program Coordinator, and any Agency Ombudsman Offices, etc.” (pg. 12). The hotline may be accessed twenty-four (24) hours a day.

It was also reported that staff are informed of these procedures through policy and training materials. In review of the staff PREA training, such information is provided to staff. The interviewed random staff reported that the residents can privately reporting by using the hotline number, grievance, security or medical staff, family, or friends; and staff could privately report via the hotline. Such reports can be made verbally or in writing. All the interviewed staff reported that if a resident makes a report verbally or in writing; reports would be documented immediately or within 24 hours.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)

- b. Policy: Prison Rape Elimination Act (PREA)
 - c. Grievances - 36
 - d. Resident Handbook
2. Interviews:
- a. There were no documented grievances for sexual abuse
 - b. DYS advocate

Findings (By Provision):

115.352 (a). The agency has an administrative process for dealing with resident grievances regarding sexual abuse and is not exempt from this standard. Policy Prison Rape Elimination Act states that “the facility will develop and incorporate into writing a local procedure, describing in detail, how the grievance process operation and functions in the Detention Center with appropriate time frames. Grievances will be processed and filed in the youth’s file as well as in a central grievance file” (pg. 12).

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (b). As reported in the PAQ, the PCJDC program reported that the agency does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Policy PREA Rape Elimination Action (pg. 12), states that “the facility will not impose a time limit when a youth may submit a grievance regarding an allegation of sexual abuse.” Additionally, the above-mentioned policy states that there is no time limit for residents to file a grievance regarding allegations of sexual abuse. The youth handbook provides further guidance to the youth on their ability to file grievances for allegations of sexual abuse and sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (c). Policy Prison Rape Elimination Act (pg. 13) states that “youth how allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The grievance will not be processed by a staff member who is the subject of the complaint.”

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (d). The program reported in the PAQ that there were zero instances in which grievances were filed for alleged sexual abuse. Policy: Prison Rape Elimination Act (PREA), (pg.12), states that:
Grievances alleging sexual abuse will be processed immediately but no later than 24 hours of retrieval. Final determination regarding the merits of the grievance will be made upon completion of the investigation within 45 days. Extensions of up to 70 days may be approved by the Sheriff or designee.

Upon review of 36 grievances filed over the last 12 months, there were no documented sexual abuse or sexual harassment related grievances. As there were no PREA-related grievances filed during this time frame, therefore no responses necessitated. The PCM further confirmed that the PCJDC program did not have any PREA related grievances.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (e). The youth handbook further provides guidance on the youth’s ability to have a third-party file a grievance on their behalf. Upon review of the PAQ, it was noted that there were no allegations in the last 12 months where a resident declined third-party assistance in filling a grievance of alleged sexual abuse. The PCM further confirmed that there were no PREA related grievances.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (f). All grievances at PCJDC are responded to with the threshold of immediately or no later than 24 hours. The facility PREA policy provides guidance on the process.

Per the PAQ, there were zero emergency PREA grievances filed in the past 12 months. A comprehensive review of the grievance documents along with interviews while conducting the site review confirmed application of this standard. In review of 36 grievances filed over the last 12 months, there were no instances documented that were PREA related.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.352 (g). As reported in the PAQ, the PCJDC program has reported zero number of resident grievances that allege sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievances in bad faith. Policy Prison Rape Elimination Act states that “the facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith” (pg. 12). In review of 36 grievances filed over the last 12 months, there were no instances documented that were PREA related. The interviewed PCM reported that he had not received any PREA related grievances.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. PCJDC Student Handbook
 - d. Genesis House Agreement
2. Interviews:
 - a. Random sample of residents - 6
 - b. Program director
 - c. PREA coordinator

Findings (By Provision):

115.353 (a). The PCJDC program provides residents with access to an outside victim advocate for emotional supportive services related to sexual abuse. Policy: Prison Rape Elimination Act (PREA), (pg. 12), further states that such access is made "by providing, posting, or otherwise making accessible

mailing addresses and telephone numbers, including toll free hotline numbers where available and for youth detained solely for civil immigration purposes, immigrant services agencies.”

All six residents interviewed were unaware of services available outside of the facility for dealing with sexual abuse. One resident did report that they thought the PREA hotline would provide help locating services but had never used the hotline number. The intake paperwork provided to residents with information on additional services however, all six residents did not remember reviewing. All residents interviewed did state that if they spoke with someone about sexual abuse the information would be private and confidential. They also stated if additional information is needed, they felt comfortable asking officers, parents or case workers for assistance.

There were no residents at the facility during the onsite inspection who had reported sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (b). Policy: Prison Rape Elimination Act (PREA), (pg. 12), indicates that “staff shall inform youth during orientation the extent to which such communications will be monitored.” The policy also states that “the facility shall enable reasonable communication between the youth and these organizations and agencies in as confidential a manner as possible” (pg. 12). The policy further states that “staff shall inform youth, during intake and prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that applies to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law” (pg. 13).

When residents were asked “do you think the conversations with people from these services would be told to or listened to by someone else?”; all residents interviewed stated that if they spoke with someone about sexual abuse the information would be private and confidential. There were no identified residents who reported sexual abuse at the PCJDC program during the audit period.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (c). The PCJDC program provided correspondence regarding its attempts to enter into a contract with a service provider for emotional support in the event of a sexual abuse or sexual harassment incident. The PCJDC program has a cooperative agreement with the Genesis House for the delivery of forensic medical, case management and follow up referral services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.353 (d). As reported in the PAQ, the facility provides youth with reasonable and confidential access to their attorneys or other legal representation; and parents or legal guardians. Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that PCJDC “will provide youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians in accordance with Tennessee Department of Children’s Services Policies and Putnam County Sheriff’s Office Policies.”

The interviewed PCM reported that residents have confidential access their attorneys at any time; with no restrictions. They can communicate via phone, letters or the attorney can come onsite and meet with the youth. It was observed during the walk through, that facility has calling booths where the resident could interact with the attorney via a telephone. The facility director further confirmed the process.

The youth reported that the facility provides them with reasonable and confidential access to their attorneys, other legal representations, parents or legal guardians. Due to Covid-19 restrictions residents have only been allow to speak with parents over the phone.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Policy: Prison Rape Elimination Act (PREA)
 - b. Memo

Findings (By Provision):

115.354 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that “a third-party reporting: youth shall be advised verbally and in writing, how to report abuse through the Tennessee Abuse and National Sex Abuse Hotline. Staff will accept third party reports including from fellow residents, staff members, family members, attorneys and outside advocates.”

The facility director provided a memo, stating that “the public method to report allegations from the juvenile detention center would be to call directly to the Child Abuse Hotline 877-237-0004. This sign is located on the wall in booking just as you first enter the door.”

A review of the appropriate documentation and relevant policies indicates that the program is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No

- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Policy: Prison Rape Elimination Act (PREA)
 - b. Training records - 13
 - c. Consent to Disclose Protected & Confidential PREA Related Information - 48
2. Interviews:

- a. Random sample of staff - 5
- b. Medical and mental health staff - 2
- c. Director
- d. Contract teacher (county staff)
- e. PREA coordinator

Findings (By Provision):

115.361 (a). Policy: Prison Rape Elimination Act (PREA), (*p. 13*), requires that “ all staff immediately report in accordance with Tennessee DCS Policies and Detention Center Policies, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility or contract program, retaliation against youth or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” Five random staff and one contracted teacher indicated a clear understanding of the duty to report the above mentioned immediately.

All random sample of staff interviewed indicated the facility does require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a 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. The various ways staff indicated that they could make a report included but was not limited to:

- Report to supervisor
- Complete an incident report
- Separate victims
- Follow chain of command
- Call the DYS hotline
- Anonymous letter
- Notify the PREA coordinator

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (b). As reported in the PAQ, the PCJDC program requires that all staff comply with any applicable mandatory child abuse reporting laws. Policy: Prison Rape Elimination Act (PREA), (*pg. 13*), states that “staff will be trained and understand their role as “mandated reporters”. As previously stated, the five direct care staff and one contractor indicated that they are responsible for adhering to mandatory child abuse reporting laws. The auditor reviewed 13 staff training records and found that staff are also trained on child abuse reporting requirements.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (c). Policy: Prison Rape Elimination Act (PREA), (*pg. 13*), states that “all staff and practitioners are required to report sexual abuse to designated supervisors and staff is prohibited from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions.”

Five direct care staff and one contracted teacher reported being aware of the agency's procedure for reporting any information related to a resident sexual abuse. Interviewed staff could articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They were also aware they were only to discuss sexual abuse incident on a need to know only basis, for example the supervisor.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (d). Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that “medical and mental health staff will report all allegations of abuse/harassment to designated supervisors.”

The facility does not have onsite medical and/or mental health staff. However, at intake the youth sign a form (*Consent to Disclose Protected & Confidential PREA Related Information*). The interviewed medical and mental health staff all reported that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. A review of 48 intake records, confirmed the facility receiving signed forms indicating the consent to disclose.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (e). Policy: Prison Rape Elimination Act (PREA), (pg. 13), states that:

Upon receiving any allegation of sexual abuse, the facility Director or designee will promptly report the allegation to the appropriate agency office and to the alleged victims’ parents/legal guardians unless the facility has official documentation showing the parents/legal guardians should not be notified.

The interviewed director/PREA coordinator reported that if the program receives an allegation of sexual abuse the allegation is reported to the agency investigator and the 1-800 number. They will also notify the DCS worker, caseworker, probation officer; whoever placed the youth at the facility. The party the placed the youth at the facility will notify the parent/legal guardians. Notification is made immediately, and they will attempt to notify everyone at the same time.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.361 (f). Policy: Prison Rape Elimination Act (PREA), (pg. 8), “the Director of investigations will ensure that investigations of all allegations of sexual abuse and sexual harassment on Detention Center Property, including third-party and anonymous reports, are completed.”

The interviewed director reported that all allegations of sexual abuse and sexual harassment are directly reported to the agency investigator. The agency investigator is an investigator of the Sheriff’s Office.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Policy: Prison Rape Elimination Act (PREA)
2. Interviews:
 - a. Agency head
 - b. Director
 - c. Random sample of staff - 5

Findings (By Provision):

115.362 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 14), states that "staff will take appropriate steps to protect all youth and staff that report sexual abuse or cooperate with sexual abuse investigations from retaliation by other youth or staff." As reported in the PAQ, there were zero instances during the past 12 months where the program determined that a resident was subject to substantial risk of imminent sexual abuse.

The interviewed agency head stated that, the facility will employ multiple protective measures, including custody and housing changes, special management plans, "no contact" status, or transfer for youth victims or abusers. The facility will report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation for reporting sexual abuse or sexual harassment. It was also reported that staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security management decisions. Staff will follow all policies promulgated by the Tennessee DCS.

All the interviewed staff could articulate the response process if a resident is at risk of imminent sexual abuse. Staff recognized that depending on the situation they would need to monitor the residents more, possibly separating them to another unit, complete unit rounds more frequently for the safety of residents. They would also notify supervisor for further directions and complete required incident report. All staff reported that information would only be shared with necessary parties (i.e., supervisor).

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:

- a. Policy: Prison Rape Elimination Act (PREA)
- 2. Interviews:
 - a. Agency head
 - b. Director

Findings (By Provision):

115.363 (a). Policy: Prison Rape Elimination Act (PREA), (*pg. 14*), states that “upon receiving an allegation that a youth was sexually abused while confined at another facility, the Director of the facility will notify the Director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigation.” Per the PAQ, there were no allegations of sexual abuse received at PCJDC which required notification to another facility head. However, upon further review, there were two allegations that were PREA related identified. One allegation allegedly occurred at another program prior to the youth’s placement at the facility. The facility immediately notified the placement source.

Additionally, there were no reported allegations of sexual abuse received at another facility who which notification was received at PCJDC during the reporting period.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.363 (b). The PCJDC program policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Per the PAQ, there were no allegations of sexual abuse received at PCJDC which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility from which notification was received at PCJDC during the reporting period. However, upon further review, there were two allegations that were PREA related identified. One allegation allegedly occurred at another program prior to the youth’s placement at the facility. The facility immediately notified the placement source.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.363 (c). Per the PAQ, there were no allegations of sexual abuse received at PCJDC which required notification to another facility head. Additionally, there were no reported allegations of sexual abuse received at another facility from which notification was received at PCJDC during the reporting period.

Based upon review of documentation the facility met the requirements of the provision.

115.363(d). As stated above, the Policy Prison Rape Elimination Act states that upon receiving notification of all alleged sexual abuse the facility will notify the Office of Investigations immediately or no later than 72 hours (*pg. 14*). Based upon interviews with the director, any allegations consistent with the standard, would be investigated. The director could not recall any recent incidents of allegations within the last 12 months from other facilities. The policy further states that the “the facility shall document that is has provided the required notifications” (*pg.14*).

The interviewed agency head reported that they do have a point of contact; the compliance manager, the PREA coordinator, and the director. The director of the facility that received the allegation will notify the director of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Office of Investigations. The facility shall document that it has provided the required notifications. In addition, PCJDC will follow through with reporting prior abuse and a key log is kept stating this. The PCJDC director further confirmed the above-

mentioned process. It was also reported that earlier in 2020 there was a PREA allegation made that occurred at another facility. The incident was immediately reported to the referral source.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

Review of the one reported PREA allegation is needed, to verify the steps of reporting to another site were appropriately followed. Upon further review, there was one PREA allegation that reportedly occurred at another site. The facility immediately reported and documented notification. No further action is needed.

The standard is compliant.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
2. Interviews:
 - a. Security and non-security staff first responders - 5
 - b. Random sample of staff - 5

Findings (By Provision):

115.364 (a). Policy: Prison Rape Elimination Act (PREA), (pgs. 14-15), provides guidance on the agencies first responder plan. The policy states that "the first direct care staff member to respond to the allegation will:

1. Take immediate actions to protect and ensure that the victim is safe, including separating the alleged victim and perpetrator;
2. Not question the youth, other than to obtain basic information such as where the incident occurred and who may be involved.
3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged victim and abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating, etc.

Per the PAQ, there was one allegation of sexual abuse reported in the last 12 months. It should be noted that it was later determined that the allegation involved an incident at another facility. Interviews were conducted with five direct care security staff who may be considered first responders.

All staff at the facility are considered first responders. All the interviewed staff consistently reported that the duties of a first responder to include but are not limited to: take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. All staff reported they would complete incident and get written statements from any other resident on the unit. None of the five interviewed staff reported contacting medical for an assessment of resident. It should also be noted that the facility does not have onsite medical and mental health services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.364 (b). Policy: Prison Rape Elimination Act (PREA), (pg. 15), states that “if the first responder is a non-direct care staff member, he or she is required to ensure the victim is safe and instruct the victim and perpetrator not to take any actions that could destroy physical evidence and then immediately notify direct care staff.”

It should be noted that all of the staff at PCJDC are considered first responders. Five direct care staff interviewed consistently reported that the duties of a first responder to include but not limited to: take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. The five interviewed staff reported if other residents were on the unit, they would remove them as well to ensure no evidence was tampered with until supervisor and investigator arrived. All staff reported they would complete incident and get written statements from any other resident on the unit. None of the five interviewed staff reported contacting medical for an assessment of resident. The facility does not have onsite medical and mental health services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Policy: Prison Rape Elimination Act (PREA)

- b. Sexual Abuse Coordinated Team Response (Written Plan)
- 2. Interviews:
 - a. Director

Findings (By Provision):

115.365 (a). Policy Prison Rape Elimination Act states that “the facility will use the Facility Coordinated Response to a Sexual Abuse Assault Incident to respond to all sexual assault incidents” (pg. 15). The PCJDC program has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PREA coordinator is responsible for the oversight of the said plan. The plan is detailed covering all components of a coordinated response to include the responsibilities of: first responders, direct care staff, medical, mental health, investigations, and administration.

When interviewing the director, the process was further confirmed in that in response to an allegation of sexual abuse; staff are supposed to immediately notify the supervisor, separate the individuals, don't allow the residents to shower, immediately investigate, and may remove everyone out of the POD if necessary. Depending on the nature of the event the facility would contact EMS, detective, case worker, and nurse. The nurse is located down the street at the jail. In addition, the Major or Sheriff would be notified.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

To show compliance with the standard, a copy of the written institutional plan shall be provided. During the corrective action phase, the facility developed a detailed plan. There are no further actions needed to meet compliance with the standard.

Upon review of the *Sexual Abuse Coordinated Team Response* plan, the facility is compliant with the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
2. Interviews:
 - a. Agency head

Findings (By Provision):

115.366 (a). The PCJDC program does not have collective bargaining. This section is not applicable. The facility, thereby, materially meets the provision for this standard. The interviewed agency head reported that the Putnam County does not have collective bargaining.

115.366 (b). The auditor is not required to audit this provision.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
2. Interviews:
 - a. Agency head
 - b. Director
 - c. Designated staff member charged with monitoring retaliation

Findings (By Provision):

115.367 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 16), establishes protective measures for all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents and staff. "Directors, Facility PREA Compliance Managers and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment or staff reporting are not victims of any form of retaliation. The Facility PREA Manager will be responsible for monitoring retaliation following an allegation of sexual abuse and sexual harassment" (pg. 16).

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (b). The policy did not contain language for this provision; however, during corrective action the facility drafted a memorandum of policy directive adding the following language:

Directors, Facility PREA Compliance Managers and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment or staff reporting is not a victim of any form of retaliation. The Facility PREA Manager will be responsible for monitoring retaliation following an allegation of sexual abuse and sexual harassment. Protections from retaliation will be afforded all Residents and staff who report Sexual Abuse or Sexual Harassment and who cooperate with Sexual Abuse or Sexual Harassment investigations. The PCJDC Care Manager or designee is charged with monitoring retaliation for all sexual misconduct allegations and incidents. Measures such as room changes or transfers for Resident victims or abusers, removal of alleged staff or Resident abusers from contact with victims, and emotional support services for Residents or staff that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations will be implemented in instances of retaliation.

“The PCJDC Care Manager or designee is charged with monitoring retaliation for all sexual misconduct allegations and incidents. Measures such as room changes or transfers for Resident victims or abusers, removal of alleged staff or Resident abusers from contact with victims, and emotional support services for Residents or staff that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations will be implemented in instances of retaliation.”

The program reported in the PAQ, that no residents were placed on segregated housing after reporting sexual abuse or sexual harassment. The interviewed agency head reported that the director and other supervisors will take immediate steps to ensure that youth alleging sexual abuse and sexual harassment or staff reporting are not victims of any form of retaliation. The interviewed director reported that the following steps are taken to protect youth from retaliation: remove from abuser, separate to different PODS, talk to the youth and assess the situation, reclassify the youth if necessary and monitor behaviors. The staff designated for monitoring retaliation stated that above and also reported that they would assess to determine if any of the involved parties should be transferred to another facility. If an allegation involves staff, they would be put on leave until the investigation is completed.

There were no residents in isolation and there were no residents during the onsite inspection who reported sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (c). The policy did not contain language for this provision; however, during corrective action the facility drafted a memorandum of policy directive adding the following language:

“The PCJDC Program, program care manager or designee, will monitor the conduct and treatment of residents and staff for at least 90 days following a report of sexual abuse. The program will monitor to determine if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation; monitoring and any concerns shall be discussed with the PREA Response Team. For at least 90 days following a report of Sexual Abuse, the program Care Manager or designee will monitor the conduct or treatment of residents or staff who reported the sexual Abuse and of residents who were reported to have suffered Sexual Abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring and any concerns shall be discussed with the PREA Response Team.”

As reported in the PAQ, there were zero instances where the program had to monitor for retaliation.

The director and the designated staff who monitor for retaliation stated that, if any other individual who cooperates with an investigation expresses a fear of retaliation, they will monitor behavior to see if other officers are involved, review grievances, monitor behaviors and review video footage. They would monitor for 30 days or until needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (d). The policy did not contain language for this provision; however, during corrective action the facility drafted a memorandum of policy directive adding the following language:

“The PCJDC Program, program care manager or designee, will monitor the conduct and treatment of residents and staff for at least 90 days following a report of sexual abuse. The program will monitor to determine if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation; monitoring and any concerns shall be discussed with the PREA Response Team. For at least 90 days following a report of Sexual Abuse, the program Care Manager or designee will monitor the conduct or

treatment of residents or staff who reported the sexual Abuse and of residents who were reported to have suffered Sexual Abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring and any concerns shall be discussed with the PREA Response Team.”

The designated staff charged with monitoring for retaliation stated that they would monitor the staff and youth behaviors, speak to the youth away from other staff, and review camera footage.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (e). The policy did not contain language for this provision; however, during corrective action the facility drafted a memorandum of policy directive adding the following language:

“If any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA Response Team will make recommendations and ensure program administration takes appropriate measures to protect that individual against retaliation.”

The interviewed agency head reported that the detention center is governed by Tennessee state laws that provide protection by imposing civil or criminal penalties for action taken in retaliation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.367 (f). The auditor is not required to audit this provision.

Corrective Action:

While the facility has a response in place, the components of the standard are not operationalized into the policies and procedures. The facility shall add the requirements into the policy to meet compliance with the standard. The facility took immediate action to update its policies by issuing a Memorandum of Policy Directive. No further action is warranted.

Upon review of documentation the standard is compliant.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Visual Contact Log (sample)
 - d. Investigations - 2
2. Interviews:
 - a. Director
 - b. Staff who supervise residents in isolation
 - c. Medical and mental health staff

Findings (By Provision):

115.368 (a). As reported in standard 115.343, Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that "upon return from the emergency room, a new Custody and Housing Assessment will be completed and a determination made with regard to the need for housing changes for protection." The policy further states that "the facility Director, or designee, in consultation with the Designate Health Authority/Medical will make a final decision regarding housing placement for the alleged victim" (pg. 16).

As reported in the PAQ, no residents at risk for sexual abuse or sexual harassment who were held/placed in involuntary segregation. When reviewing two sexual abuse/sexual harassment investigations, there was no indication that a youth was placed in segregated housing to protect an offender who suffered sexual abuse. While the facility does not utilize isolation, they have a form (*Visual Contact Log*) to document an exigent supervision.

Interviews with the program director indicated that there were no residents who were placed on isolation for protection, as a result of sexual abuse allegations. The director also confirmed that a resident would be moved to a more open area rather than be isolated. The facility does not have onsite medical and mental health services. All services are provided as needed and requested.

A review of the sexual assault report is needed to determine compliance.

Corrective Action:

The investigation report for the one allegation of sexual assault that was reported. As of the date of the interim report, the investigation report was not provided for content review. Upon further review there were two allegations to review. One allegation of sexual abuse (occurred at a different location) and one allegation of sexual harassment. There was no indication that the facility utilized isolation on either incident.

No further action was warranted. The standard is compliant.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Investigations - 2
2. Interviews:
 - a. Investigative staff - 1
 - b. PCJDC program director
 - c. PREA coordinator

Findings (By Provision):

115.371 (a). As reported in the PAQ, the program has a policy related to criminal and administrative investigations. The policy did not initially contain the required language for the standard; however, the facility immediately issued a Memorandum of Policy Directive that stated “We insure that investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively, including third-party and anonymous reports.”

The interviewed investigator reported that allegations of sexual abuse and sexual harassment are initiated immediately upon notification. Anonymous or third-party reports of sexual abuse or sexual harassment are handled the same as any other investigation; the Sheriff’s Office will continue the investigation.

It should be noted that there were two reported PREA related allegations in the 12-month time frame. Due to an agency system failure, the time frame was extended an additional 3 months.

Allegation	Number	Finding
Sexual Abuse Staff on Resident	1	NA-referred to a different agency where the incident took place.
Sexual Abuse Resident on Resident	0	NA
Sexual Harassment Staff on Resident	0	NA
Sexual Harassment Resident on Resident	1	Unfounded

Total	2	0
Referral for Criminal Investigations	0	0

Upon review of the updated policy language and the two PREA related allegations the provision is found compliant.

115.371 (b). Per the PAQ, the PCJDC program reported having three specially trained investigators. While conducting the onsite review. All of the investigators are investigators of the Sheriff's Office. Training records were provided, showing the investigator completed the State of Tennessee specialized training.

The interviewed investigator reported that he is trained to conduct sexual assault investigations on children and adults. Some of the contents of the training including dealing with a victim, getting statements, gathering evidence, procedure to gather circumstantial evidence such as a phone call, having parties separated and ensuring that the victim is safe and has sought medical care. When further probed the investigators discussed that the training addressing how to conduct both administrative and criminal sexual abuse and sexual harassment investigations, interviewing techniques, crime scene protection, Miranda and Garrity; along with chain of command, and when to request outside support or additional assistance. The interviewed investigator oversees the other investigators for the Sheriff's Office. While there are other agency investigators, he is most likely to respond to an incident at the juvenile facility.

115.371 (c). Policy: Prison Rape Elimination Act (PREA), (pg. 9), states that the investigators will have specialized training as required by PREA standards.

When interviewing the investigator, he was able to describe a variety of evidence gathering techniques, and the process by which to proceed toward substantiating an allegation of sexual abuse or sexual harassment. The first steps in initiating an investigation involves determining where the allegation occurred, get a victim statement, and review any calls that may have come from the facility.

The evidence gathering process includes but is not limited to: statements (victim/perpetrator/witness), DNA, notes, video surveillance, and statements from all involved parties.

115.371 (d). Policy: Prison Rape Elimination Act (PREA), (pg. 18), states that "if the employee resigns or is terminated or if the victim/re-order recants the allegation the investigation will continued and completed by the Office of Investigation."

Interviews with one investigator, reported that they will not terminate an investigation if the source of the allegation recants.

115.371 (e). The PCJDC utilizes law enforcement investigators to conduct its investigations. The interviewed investigator reported that the initial response/evidence gathered will determine if the District Attorney's (DAs) office will be contacted. If the DA is contacted, they will also involve the child advocacy center.

115.371 (f). Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that "the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Resident or staff. A Resident who alleges Sexual Abuse will not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

The interviewed investigator reported that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis; and they will look at the consistency of statements, and physical evidence. The investigator will look to see if the person is displaying behaviors that are deceitful. Sometimes you will have victims who has a history of making reports; however, that is not often seen with minors. It was also reported that they would not require a resident who has alleged sexual abuse to submit to a polygraph examination, unless requested by the DA.

There were no youth who reported sexual abuse during the onsite audit.

115.371 (g). Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that “the final report will determine whether staff action or failures to act contributed to the abuse, and the written report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

During interview with the investigator, it was reported that administrative interviews are documented in written reports. The reports will include any information that was used to make the final determination such as physical evidence.

115.371 (h). As previously stated, Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that criminal investigations shall be documented in a written report and that the “written report shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

The Putnam County Sheriff’s Office criminal investigations are documented and the physical evidence is remained in the evidence room and stored in the RMS reporting system.

115.371 (i). Allegations of sexual abuse or sexual harassment that are criminal in nature are referred to local law enforcement. The interviewed investigator reported that if appropriate the case would be referred for prosecution. The investigator would work with the DA on all sexual assault cases. There were no identified cases referred for prosecution.

115.371 (j). Policy: Prison Rape Elimination Act (PREA), (pg. 16), states that “the Tennessee DCS and/or Putnam County Sheriff’s Office will retain all written investigations and Special Incident Reports (SIRs) as long as the alleged abuser is incarcerated or employed by the program, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.”

115.371 (k). The policy did not initially contain the required language for the standard. The facility immediately drafted a Memorandum of Policy Directive that stated “If the employee against whom an allegation is made resigns or is terminated or if the victim recants the allegation, the investigation will continue and be complete by the Office of Investigation.”

The interviewed investigator reported that if a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation; the investigation will continue and they would consult with the DAs Office.

Upon review of the updated policy language, the facility is compliant with the provision.

115.371 (l). N/A-auditor is not required to audit this provision.

115.371 (m). N/A an outside agency does not conduct administrative or criminal sexual abuse investigations.

Corrective Action:

The current PREA policy does not have the required language for the standard. Additional policy language is needed to meet the requirements of the standard. As of the date of the interim audit, the one allegation reported was not available for review. It should be noted that the sexual abuse allegation was reported at PCJDC but occurred at another facility. The updated policy and documentation of the sexual abuse allegation is needed to meet compliance with the standard.

During corrective action, there were two identified PREA related allegations to review. Updated policy language and review of the investigations was provided and the facility is compliant with the standard.

Standard 115.372: Evidentiary standard for administrative investigations**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.372 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Investigations - 2
2. Interviews:
 - a. Investigative staff - 1

Findings (By Provision):

115.372 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 16), defines how to substantiate an allegation of sexual abuse and sexual harassment; and that administrative or criminal investigation findings do not impose a higher standard than preponderance of evidence. The policy further states that "The Office of Investigation shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

The interviewed investigator reported that the following would be used to substantiate a case: admission of guilt, body fluid, and/or DNA evidence. It was also reported that most minor cases of sexual abuse are substantiated.

Based on review of two investigation files, the facility is compliant with the standard.

Corrective Action:

During the corrective action phase, two investigations were reviewed, and the facility is compliant with the standard.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Memorandum with Policy Directive
 - d. Investigations - 2
2. Interviews:
 - a. PCJDC program director
 - b. Investigative staff - 1

Findings (By Provision):

115.373 (a). As reported in the PAQ, the program has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded

following an investigation by the agency. Policy: Prison Rape Elimination Act (PREA), (pg. 16), further confirms said policy standard.

The facility reported in the PAQ that there was one allegation of sexual abuse. It was reported that the incident reported had actually occurred at another facility. The interviewed investigator reported that they will notify the parent or guardian and the assigned investigator will make notification. The director reported that the detectives will make notification. It was also reported that the Sheriff's Office will determine how much to share, and they will follow their recommendations. They can also contact the youth if they leave the facility.

Upon review, there was one identified allegation of sexual abuse that occurred at another facility, and one allegation of sexual harassment. The allegation of sexual abuse was referred to the placement source for investigation. The sexual harassment allegation resulted in the alleged perpetrator being moved to a different facility.

Upon review of documentation and interviews with staff, the facility is compliant with the provision.

115.373 (b). N/A-the agency is responsible for conducting administrative and criminal investigations.

115.373 (c). Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that "following an investigation into a youth's allegation of sexual abuse, the Tennessee DCS and/or Office of Victim Services, the sexual assault investigator (Putnam County will decide in consultation with the PREA Coordinator who this may be) will notify the if the allegations were substantiated, unsubstantiated or unfounded." During the onsite audit, there were no residents during the onsite audit who had reported sexual abuse.

115.373 (d). As previously stated, Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that "following an investigation into a youth's allegation of sexual abuse, the Tennessee DCS and/or Office of Victim Services, the sexual assault investigator (Putnam County will decide in consultation with the PREA Coordinator who this may be) will notify the if the allegations were substantiated, unsubstantiated or unfounded."

115.373 (e). As reported in the PAQ, the PCJDC program has a policy that all notifications to residents described under this standard are documented. The facility updated its policy to state that "all victim notifications or attempted notifications shall be documented". The alleged incident that was reported, occurred at another facility.

Upon review of documentation the facility is compliant with the standard.

115.373 (f). The auditor is not required to audit this provision.

Corrective Action:

Verification of the investigation along with enhancements to the policy is needed to meet compliance with the standard. Upon review of the two allegations of sexual abuse/harassment along with the policy update, the facility is in compliance with the standard.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:

- a. Pre-Audit Questionnaire (PAQ)
- b. Policy: Prison Rape Elimination Act (PREA)

Findings (By Provision):

115.376 (a). The PCJDC program reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies (pg. 17).

115.376 (b). The PCJDC program reported in the PAQ that there were zero staff that violated the agencies sexual abuse or sexual harassment policies. However, in the event there was an instance of staff violating the sexual abuse and sexual harassment policy, Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that “termination will be presumptive disciplinary sanction for staff who engaged in sexual abuse.”

115.376 (c). Policy: Prison Rape Elimination Act (PREA), (pg. 17) requires the employer to consider all factors prior to imposing a disciplinary sanction. The policy further states that, “disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

A review of policy and documentation; found that the facility is in compliance with the provisions of this standard.

115.376 (d). Policy: Prison Rape Elimination Act (PREA), (pg. 17), indicates that “all terminations for violations of Agency Sexual Abuse or Sexual Harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal”. It was further reported in the PAQ that there were zero instances in which staff from the program were reported to law enforcement or licensing boards.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
2. Interviews:
 - a. Director

Findings (By Provision):

115.377 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that “any contractor or volunteer who engages in sexual abuse will be prohibited from contact with youth and will be reported to law enforcement agencies, unless the activity was clearly not criminal.” As reported in the PAQ, there have been no volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months; nor any incidents/persons reported to law enforcement for engaging in sexual abuse of residents.

115.377 (b). While there have been no instances in the past 12 months where the PCJDC program had to take action on a volunteer or contractor. The program has a policy in place to address any volunteers or contractors who violate the PREA standards of sexual abuse and sexual harassment. As stated in Policy: Prison Rape Elimination Act (PREA), “the facility will take appropriate remedial measures, and shall consider whether to prohibit further contact with youth, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer” (pg. 17).

During the interview with the program director, it was reported that the facility would immediately investigate the incident. The volunteer or contractor would be prohibited from coming into and/or providing services at the PCJDC program.

Corrective Action:

No corrective action is recommended for this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Genesis House Contract
 - d. Memorandum of Policy Directive
2. Interviews:
 - a. Director
 - b. Medical and mental health staff - 2

Findings (By Provision):

115.378 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 17), states that:

Youth will receive appropriate interventions if they engage in youth on youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanction, shall be made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff." Per the PAQ, there were no administrative or criminal findings of resident-on-resident sexual abuse that occurred at the facility in the last 12 months.

Upon review of grievances and investigations there were no substantiated allegations of resident-on-resident sexual abuse.

115.378 (b). The facility did not have policy language for this provision. While the practice was understood, the facility operationalized into policy by issuing a Memorandum of Policy Directive. The Directive stated that:

Youth will receive appropriate interventions if they engage in youth on youth sexual abuse. Decisions regarding which types of interventions to use in particular cases, including treatment, counseling, education programs, or disciplinary sanction, shall be made with the goal of promoting improved behavior by the youth and ensuring the safety of other youth and staff. 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. In the event a disciplinary sanction results in isolation, the Resident will have access to daily large-muscle exercise and any required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Additional policy language is needed, to meet compliance with the standard. The additional policy language was provided, and the facility is compliant with the provision.

115.378 (c). The facility did not have policy language for this provision. While the practice was understood, the facility operationalized into policy by issuing a Memorandum of Policy Directive. The Directive stated that, "The program disciplinary committee will take into consideration whether a Resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed."

The interviewed director reported that they have not had an incident involving a youth PREA case; however, the facility does not utilize isolation. "An offending youth would probably be moved to another facility; and some legal ramifications would be addressed through the court. In extreme circumstances we would request to move immediately; if not an extreme, the youth may be moved within 24 hours."

Additional policy language is needed, to meet compliance with the standard. The additional policy language was provided; therefore, the facility is compliant with the provision.

115.378 (d). Per the PAQ, the PCJDC program offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse; and the program shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. It should be noted that the facility does not have onsite medical or mental health services. Medical services are provided by the county jail medical staff, and they have contracted mental health services.

The auditor was able to review the contract with Genesis House which will provide victim advocacy, and supportive counseling services.

115.378 (e). Policy: Prison Rape Elimination Act (PREA), (*pg. 17*), states that "Director of Putnam County Sheriffs the Office of Investigations/designee will refer youth for criminal prosecution when appropriate. The agency disciplines youth for sexual conduct with staff only upon finding that the staff member did not consent to such contact."

115.378 (f). Policy: Prison Rape Elimination Act (PREA), (*pg. 18*), distinguishes that "the facility prohibits disciplinary action for a youth reporting of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

115.378 (g). The facility did not have policy language for this provision. While the practice was understood, the facility operationalized into policy by issuing a Memorandum of Policy Directive. The Directive stated that, "PCJDC prohibits all sexual activity between Residents and may discipline Residents for such activity. PCJDC, however, does not deem such activity to constitute Sexual Abuse if it determines that the activity was consensual."

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No further corrective action is warranted.

Corrective Action:

Additional policy language is needed, to meet compliance with the standard. The facility took immediate action to update its policy. The updated policy met the requirements of the standard. No further action is needed.

Standard is compliant.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Campus - 48
 - d. Consent to Disclose Protected & Confidential PREA Related Information - 48
2. Interviews:
 - a. Staff responsible for risk screening - 5
 - b. Medical and mental health staff - 2

Findings (By Provision):

115.381 (a). The PCJDC reported in the PAQ, that zero of the residents who reported prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Policy: Prison Rape Elimination Act (PREA), (pg. 18), states that "if the screening pursuant to section VI.A.B. indicates that a youth has experienced prior sexual victimization and/or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure the youth is offered a follow-up with medical or mental health practitioner within 14 days of the intake screening."

While the facility reported zero residents reported a prior history of victimization, the auditor identified at least eight youth who reported on the *Assessment, Checklist and Protocol for Behavior Risk for Victimization in a Youth Development Center*. One youth who arrived in the middle of the night and was at court during the second day of the audit, also reported a prior history of sexual abuse. At the time of the onsite audit, there was not a protocol to ensure that the youth received follow up medical or mental health services.

During the period of assessment, no youth currently at facility report previous sexual abuse. The interviewed staff were not aware of follow up assessments with medical or mental health. All five staff reported if youth report sexual abuse during intake they would contact the PREA hotline and notify supervisor of the report for further instructions.

In order to attain compliance with the standard, the facility will need to develop a plan and have the involved parties sign the plan to meet the follow up off to medical and mental health. Additionally, the auditor will observe new intake forms for a designated period of time to ensure the follow up occurred. The facility completed additional training with staff to discuss the thorough completion of the assessment

forms. Fourteen additional intake assessments were reviewed during the corrective action phase; it should be noted that two youth reported prior history of victimization, one youth was referred the other youth was not at the facility more than 14 days.

Upon review of additional intake assessment forms the facility was found compliant with the provision.

115.381 (b). As stated previously, residents that have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community will be offered a follow up meeting with a mental health practitioner within 14 days.

Youth who reported previous perpetration were provided access to follow up mental health care. The auditor observed that there were some youth whose charges indicated that they had previous history of perpetration. The facility did not have a process in place that offered a follow up meeting with mental health. It should also be noted that the facility does not have onsite mental health services so this process would be handled by an outside entity.

In order to attain compliance with the standard, the facility will need to develop a plan and have the involved parties sign the plan to meet the follow up off to medical and mental health. Additionally, the auditor will observe new intake forms for a designated period of time to ensure the follow up occurred. The facility issued a Memorandum of Policy Directive that stated, "If the screening pursuant to the PREA requirements indicates that a youth has experienced prior sexual victimization and/or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure the youth is offered a follow-up with medical or mental health practitioner within 14 days of the intake screening." Upon review of 14 intake assessment forms during the corrective action phase the facility is compliant with the provision.

115.381 (c). Policy: Prison Rape Elimination Act (PREA), (pg. 12), states that "the information collected during the medial and mental health screening is strictly limited to informing securing and in making management decisions about treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by Tennessee DCS and/or Putnam County Sheriff's Office polices related to Health Records and all other federal, state, local laws."

During the tour, it was observed that the facility maintained a log book in the intake area, to document any related information that is needed for plans, housing, bed, work, and education. The facility is small and some of the related information is discussed during shift briefings to ensure the safety and well-being is maintained at the site.

115.381 (d). The PCJDC program policy indicates that "medical and mental health practitioners will obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in a facility setting, unless the youth is under the age of age" (pg. 18). The interviewed medical and mental health staff reported that informed consent from residents obtained. The auditor, observed that informed consent is also captured during the intake process. The youth sign a consent form. This worker was able to review 48 consent forms.

Corrective Action:

As of the onsite audit phase, the facility does not have a process for the follow up medical and mental health services, as required by the standard. In order to attain compliance with the standard, the facility will need to develop a plan and have the involved parties sign the plan to meet the follow up off to medical and mental health. Additionally, the auditor will observe new intake forms for a designated period of time to ensure the follow up occurred.

During corrective action, the facility immediately issued a policy directive to ensure follow up with mental health and medical occurred. The facility also retrained staff on the process. No further corrective action is warranted.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Genesis House
2. Interviews:
 - a. Medical and mental health staff - 5
 - b. Security staff and non-security staff first responders
 - c. Medical and mental health staff first responders - 2

Findings (By Provision):

115.382 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It further stated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. The PCJDC program does not have onsite medical and mental health services. The jail provides all necessary medical services and the interviewed health administrator reported that the jail medical and mental health staff would immediately respond and conduct stabilization services and then send the youth to the hospital.

The PCJDC has a contract with Genesis House to provide crisis counseling services. Additionally, the state juvenile justice agency has a contract with Youth Villages to provide mental health services to state custody youth housed at the facility. The interviewed Youth Villages mental health staff reported that upon notification, she would provide services to stabilize the youth until additional community services were identified.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (b). The PCJDC does not have onsite medical and mental health staff. All PCJDC staff are considered first responders. The facility staff would contact the jail medical and mental health staff to assist in services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.382 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interviewed medical and mental health staff reported that such services are addressed through the programs medical team. Policy: Prison Rape Elimination Act (PREA), (pg. 17) states that:

The Detention Center will ensure that youth will have and receive timely, unimpeded access to emergency medical and crisis intervention services. The facility Director will ensure that victims of sexual abuse while incarcerated shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

As previously stated, there were no residents at the PCJDC program who reported sexual abuse while at the program. However, the interviewed medical and mental health staff reported that any needed current or follow up services would be coordinated with the onsite staff. The health services administrator reported that the hospital would address and the jail medical staff would follow up.

115.382 (d). As reported in the PAQ, the treatment services provided to every victim is without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

Corrective Action:

No corrective action is recommended for this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Memo-Medical and Mental Health Services
 - d. Memorandum of Policy Directive
2. Interviews:
 - a. Medical and mental health staff - 2

Findings (By Provision):

115.383 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 18) states that “the facility shall offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse (inside or outside facility).” The policy further indicates that the “victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate” (pg. 18).

A review of the appropriate documentation, interviews with staff, and review of relevant policies, indicates that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

185.383 (b). A memo provided to the auditor indicated that mental health care is provided by Youth Villages for juveniles who are in DCS custody. “The counselor comes to the JDC on a weekly basis. If they are needed at other times the officers have contact numbers for the counselors”. Each time a juvenile is seen by a medical or mental provider it is noted in their file in the computer. It should also be noted

that the interviewed staff from Genesis House reported that they can provide necessary counseling services if needed.

115.383 (c). As reported by the interviewed medical and mental health staff, the treatment and services provided are consistent with the community level of care.

115.383 (d). Policy: Prison Rape Elimination Act, states that “female victims of sexual abuse while incarcerated shall be offered a pregnancy test. If pregnancy results from sexual abuse while incarcerated, the female victim will receive timely and comprehensive information and access to lawful pregnancy-related medical services, coordinated by the Medical Department” (pg. 18).

115.383 (e). As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, PCJDC will ensure victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. There were no identified allegations in the 12-month reporting period, of sexual abuse or sexual harassment whereas a pregnancy test was necessitated.

115.383 (f). PCJDC staff will ensure that residents of sexual abuse are provided a sexually transmitted infections test, along with receiving any necessary follow up medical care. Policy: Prison Rape Elimination Act (PREA), states that ““victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate” (pg. 18).

There were no identified residents who reported sexual abuse at the PCJDC program.

115.383 (g). The Policy: Prison Rape Elimination Act (PREA) indicates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation as a result of the incident.

There were no substantiated allegations of sexual abuse, based on resident-on-resident reports. As reported by the medical and mental health staff, there were allegations of prior history of sexual abuse, and the facility provides services based on the unique needs of the residents.

Additional policy language is needed to meet compliance with the standard. The facility updated its policy by issuing Memorandum of Policy Directive. The directive states that “treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident”.

115.383 (h). As reported in the PAQ, the PCJDC program, attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Policy: Prison Rape Elimination Act states that “the facility shall conduct a mental health evaluation of all known youth-on-youth abusers within 14 days of learning of such abuse history and shall offer treatment when deemed appropriate by mental health practitioners” (pg. 18). The interviewed medical staff was unaware of the process as they have not had to respond; however, they could provide crisis medical and mental health services. The contracted mental health also stated that they could provide contracted mental health services.

The facility provided a copy of the *Sexual Abuse Coordinated Response Plan*; which further described the roles and responsibilities of the medical and mental health staff. It should be noted that the facility is a detention center, and many of the youth are not housed at the facility for 60 days; and a majority of the youth are on a pre-adjudicated status.

Corrective Action:

As of the onsite audit phase, the facility did not have a distinguished process for the follow up medical and mental health services. While there is a contract with Youth Villages and Genesis House for crisis

counseling services, how this process is secured and documented needs additional discussion. The facility shall provide a memo or incorporate the process in the written institutional plan. The memo and/or plan shall be provided to the auditor to satisfy the requirements of the provision. Additionally, the facility should incorporate additional policy language as previously indicated. A memo was provided along with the coordinated plan to involve the outside medical and mental health in follow up services. The conditions of the standard have been met. Additionally, the facility updated its policy to meet the requirements of the standard.

There is no further action needed. The facility is compliant with the standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Sexual Abuse Critical Incident Review-sample.
2. Interviews:
 - a. Director
 - b. PREA coordinator
 - c. Incident review team – at the time of the audit the facility did not have.

Findings (By Provision):

115.386 (a). As reported in the PAQ, the PCJDC program, conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. It was further reported that in the past 12 months, there was one criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded. Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that “the facility will treat all instances of sexual abuse as critical incidents to be examined by the PREA Incident Review Team.”

In the past 12 months there were zero incidents of sexual abuse reviews. The one reported incident was reported at PCJDC however occurred at a different facility.

115.386 (b). As reported in the PAQ, there was one reported allegation of sexual abuse at the facility in the last 12 months; however, the nature of the incident as previously discussed did not warrant an incident review.

115.386 (c). Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that “the PREA Incident Review Team will include upper-level facility management staff with input from line supervisors, investigators, and medical or mental health practitioners.” As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The interviewed PCM reported that the facility does not have an incident review team.

It is recommended that the facility create an incident review team and a process to document the team meeting notes. During corrective action, the facility created a *Sexual Abuse Critical Incident Review Form* to track any incidents.

115.386 (d). During the corrective action phase, the agency developed a *Sexual Abuse Critical Incident Review Form*. The form takes the following into consideration:

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; gang affiliation; or was motivated or otherwise caused by other group dynamics within the program;
3. Discuss 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. Determine whether the facility implemented the recommendation for improvement.

The interviewed PCM reported that the facility does not have an incident review team; and that they report incidents to the state and the state conducts the annual reports. The director/PREA coordinator reported that the Sheriff's Office also conducts annual reports. During corrective action, the facility created an incident review team and an incident review form.

115.386 (e). As reported in the PAQ, the PCJDC program, implements the recommendations for improvement of documents its reasons for not doing so. There were no substantiated allegations of sexual abuse.

Corrective Action:

The facility did not have a designated incident review team. It is recommended that the facility create a team and a process to document reviews. During corrective action, the facility created a *Sexual Abuse Critical Incident Form* that documents the process of reviewing sexual abuse incidents.

Upon review of the investigations and newly developed forms, the facility is found to be in compliance with the standard.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)

- b. Policy: Prison Rape Elimination Act (PREA)
- c. Annual Report

Findings (By Provision):

115.387 (a/c). As discussed in the PAQ, the PCJDC program, reviewed data collected and aggregated under to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Policy: Prison Rape Elimination Act (PREA), (pg.19) states that "the Detention Center collects accurate, uniform data for every allegation of sexual abuse by using a state of Tennessee DCS Standardized Instrument and set of definitions, "Survey of Alleged PREA Incidents".

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20.

115.387 (b). Per Policy: Prison Rape Elimination Act (PREA), (pg. 19), indicates that "data will be aggregated annually." Based upon the auditor's review of available annual reports and per policy, agency data is aggregated annually. The facility is compliant with the intent of the provision.

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20.

115.387 (d). Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that "the agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20.

115.387 (e). PCJDC is a contracted facility for Tennessee DCS. All data is reported to said entity. The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20.

115.387 (f). As reported DOJ has not requested agency data.

Corrective Action:

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/1/20 through 12/31/20.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)

- b. Policy: Prison Rape Elimination Act (PREA)
 - c. Annual Report
2. Interviews:
- a. Agency head
 - b. PREA coordinator

Findings (By Provision):

115.388 (a). Policy: Prison Rape Elimination Act (PREA), (pg. 19), states that “the Agency PREA Coordinator will review, analyze, and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection, and response policies, practices, and training”.

The interviewed agency head stated that prevailing policies staffing patterns were reviewed. The facilities deployment of the video monitoring system and other technologies are reviewed. The resources the facility has available to commit to ensure adherence to the staffing plan.

The interviewed PREA coordinator and PCM reported that Putnam County Sheriff’s Office conducts annual reports and the state also does an annual report. The PREA coordinator stated that the Sheriff’s Office will remove names however he was unaware how the state handled their reports

Upon review of the annual report and interviews with staff there are no further actions for this provision. The facility is in compliance with the requirements of the provision.

115.388 (b).

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20.

115.388 (c). “The report will be available to the public through the program’s website.” The interviewed agency head reported that the annual reports are approved every year.

115.388 (d). The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20.

The interviewed PREA Coordinator stated that the Sheriff’s Office has annual reports and any identifying information is redacted.

Corrective Action:

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy: Prison Rape Elimination Act (PREA)
 - c. Annual Report
 - d. DCS Annual Inspection
2. Interviews:
 - a. PREA coordinator

Findings (By Provision):

115.389 (a). The PCJDC program reported in the PAQ that incident-based and aggregate data is securely retained. Policy: Prison Rape Elimination Act (PREA), (pg. 19), provides direction on the agencies responsibility to collect and retain incident-based and aggregate data securely. Said data is made readily available to the public at least annually through the agency website. The program maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection.

During interview, the PREA coordinator, it was reported that the Sheriff's Office and the State DCS conducts an annual report.

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20. Additionally, the DCS annual report was provided. DCS Annual report was dated 12/16/19.

115.389 (b). The annual numbers are provided on the website however a more detailed report is available upon request. Policy: Prison Rape Elimination Act states that “the Agency PREA Coordinator will maintain a current link on the designated website to provide PREA information to the public.” The PCJDC PREA coordinator provided a copy of the annual report.

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20. Additionally, the DCS annual report was provided. DCS Annual report was dated 12/16/19.

115.389 (c). As reported in the PAQ, the PCJDC program, removes all personal identifiers before making aggregate sexual abuse data public. Upon review of the report there are no personal identifiers indicated.

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20. Additionally, the DCS annual report was provided. DCS Annual report was dated 12/16/19.

115.389 (d). Policy: Prison Rape Elimination Act (PREA), (pg. 19), indicates that sexual abuse data is collected pursuant to 115.387 and maintained for at least ten (10) years.

Corrective Action:

The annual report was not provided by the interim report time frame. The auditor has requested a copy of the annual reports. During corrective action, the annual report was created. The annual report ran from 1/01/20 through 12/31/20. Additionally, the DCS annual report was provided. DCS Annual report was dated 12/16/19.

Upon review of the documentation, the facility is compliant with the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. DCS Inspection
2. Interviews:
 - a. PREA coordinator

Findings (By Provision):

115.401 (a). The facility does not have an agency website.

115.401 (b). As reported by the PREA coordinator, the PCJDC is operated by the Putnam County Sheriff's Office. The Sheriff's Office is also responsible for the county jail.

115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the program by the director and PCM. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.

Additionally, the auditor was able to review the DCS Inspection dated 12/16/19.

115.401 (i). During the on-site visit, the auditor and her team were provided access to any and all documents requested. All documents requested were received to include, but not limited to: employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision. However, it should be noted that the sheriff did not approve of employee records and some confidential youth files to be taken out of the facility.

115.401 (m). The audit team was provided private rooms throughout the program to conduct resident interviews. The staff staged the residents in a fashion that the auditor team members did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the Covid-19.

A review of the appropriate documentation and interviews with staff indicate that the program is in compliance with the provisions of this standard. No corrective action is warranted.

115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO BOX or during the interviews with the audit team. The audit team members did not receive any correspondence from the residents of the PCJDC.

Corrective Action:

Need to review the DCS inspection, to determine compliance with the standard. During the corrective action phase, the DCS inspection was reviewed. The facility has met compliance with the standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Website Review

Findings (By Provision):

115.403 (f). The agency does not have a website.

Corrective Action:

No corrective action is recommended for this standard.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Latera M. Davis

1/29/21

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.