

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report January 16, 2019

Auditor Information

Name: Robert B. Latham	Email: robertblatham@icloud.com
Company Name: Latham Corrections Consulting	
Mailing Address: 677 Idlewild Circle	City, State, Zip: Birmingham, Alabama, 35205
Telephone: (205)-746-1905	Date of Facility Visit: September 24, 2018

Agency Information

Name of Agency Hamilton County Juvenile Court	Governing Authority or Parent Agency (If Applicable) Not applicable		
Physical Address: 1600 East 3rd Street	City, State, Zip: Chattanooga, TN 37404		
Mailing Address: same as above	City, State, Zip: Click or tap here to enter text.		
Telephone: (423) 209-5163	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency 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
Agency mission: The philosophical goal of the Hamilton County Juvenile Court is habilitation and rehabilitation of youth and preservation of the family unit.			
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Sam Mairs	Title: Juvenile Court Administrator
Email: smairs@hamiltontn.gov	Telephone: (423) 209-5108

Agency-Wide PREA Coordinator

Name: Andrew Cullum	Title: PREA/ Training Officer
---------------------	-------------------------------

Email: andrewc@hamiltontn.gov	Telephone: (423)-209-5163
PREA Coordinator Reports to: Assistant Superintendent	Number of Compliance Managers who report to the PREA Coordinator N/A

Facility Information

Name of Facility:	Hamilton County Juvenile Detention Center		
Physical Address:	1600 East 3rd Street, Chattanooga, TN 37404		
Mailing Address (if different than above):	same as above		
Telephone Number:	(423) 308-5163		
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 Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other

Facility Mission: The Hamilton County Juvenile Detention Center mission is to provide safety and security to detained juveniles.

Facility Website with PREA Information: <http://www.hamiltontn.gov/courts/Juvenile/Default.aspx>

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Charles Cheshire	Title: Superintendent
Email: ccheshire@hamiltontn.gov	Telephone: (423) 308-5163

Facility PREA Compliance Manager

Name: Andrew Cullum	Title: PREA/ Training Officer
Email: andrewc@hamiltontn.gov	Telephone: (423) 209-5163

Facility Health Service Administrator

Name: Galen Medical Group	Title: contracted medical services
Email: not applicable	Telephone: (423) 308-0280

Facility Characteristics

Designated Facility Capacity: 25	Current Population of Facility: 13
---	---

Number of residents admitted to facility during the past 12 months		1900
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		36
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		70
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	12-17	
Average length of stay or time under supervision:		4.5 days
Facility Security Level:		Secure
Resident Custody Levels:		Secure
Number of staff currently employed by the facility who may have contact with residents:		31
Number of staff hired by the facility during the past 12 months who may have contact with residents:		36
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		3
Physical Plant		
Number of Buildings: 1		Number of Single Cell Housing Units: 25
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>Hamilton County Juvenile Detention Center is under full camera coverage. The facility has 40 cameras. Thirteen (13) were added in June of 2018. The control room is centrally located and houses monitors with views of all of the cameras.</p>		
Medical		
Type of Medical Facility:	Children's Hospital at Erlanger	
Forensic sexual assault medical exams are conducted at:	The Emmy Haney House Children's Advocacy Center	
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		18
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

Audit Findings

Audit Narrative

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.

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of the Hamilton County Juvenile Detention Center (HCJDC) was conducted September 24, 2018. The parent agency for HCJDC is the Hamilton County Juvenile Court (HCJC). HCJDC is located at 1600 East 3rd Street, Chattanooga, TN 37404. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. The facility contacted the auditor regarding the audit and a contract was agreed upon and signed May 10, 2018. There are no known existing conflicts of interest or barriers to completing the audit. The facility has not previously been audited for PREA compliance.

Audit Methodology Pre-Onsite Audit Phase

Prior to being onsite, the PREA Coordinator and the auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations. The PREA Coordinator was very receptive to the audit process and was well informed of the role of the auditor and the expectations during each stage of the PREA audit.

Notice of Audit Posting and Timeline

The audit notice was posted August 13, 2018. The audit notice was posted on pink paper with a large font and easy-to-read language. The audit notices were placed throughout the facility, in places visible to all residents and staff, including visiting areas, housing units, and recreational spaces. Pictures of the posted audit notices were emailed to the auditor on August 14, 2018 for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The Pre-Audit Questionnaire and supporting documentation was received June 12, 2018. The Pre-Audit Questionnaire was completed on June 12, 2018. The documentation was received on a flash drive. The auditor reviewed the Pre-Audit Questionnaire. The PAQ was determined to be incomplete. The auditor requested the facility fully complete the document. The final PAQ was received December 7, 2018. The auditor reviewed policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined it to be incomplete.

Missing documentation included:

- Annual Staffing Plan Assessment
- Published policy on facility website regarding criminal investigations
- Specialized training: Medical and mental health care
- Screening instrument not inclusive of the standard requirements – Sexual orientation and gender identity were initially not included.
- Publicly distributed third party reporting method was initially not in place.
- Published annual report on website

Requests of Facility Lists

MVYSC provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided upon arrival to the facility.
Youthful inmates/detainees	N/A (HCJDC does not have youthful inmates/detainees.)
Residents with physical disabilities	None were identified.
Residents with cognitive disabilities	None were identified.
Residents who are Limited English Proficient	None were identified.
Lesbian, Gay, and Bisexual Residents	None were identified.
Transgender or Intersex Residents	None were identified.
Residents in segregated housing	N/A (HCJDC does not have segregated housing.)
Residents in isolation	None were identified or observed.
Residents who reported sexual abuse	None were identified.
Residents who reported sexual victimization during risk screening	None were identified.
Complete Staff Roster	The staff roster and schedule was provided upon arrival to the facility.
Specialized Staff	Specialized staff were identified on the roster.
All contractors who have contact with the residents	The facility identified contractors who have contact with the residents. Medical staff are contracted through Galen Medical Group. Mental Health practitioners are available through Youth Villages. Mental health practitioners are not contracted staff.
All volunteers who have contact with the residents	The facility has eighteen (18) volunteers.
All grievances/allegations made in the 12 months preceding the audit	None
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	Five (5)
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	Five (5)
All hotline calls made in the 12 months preceding the audit	None

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reported no negative information for the preceding 12 months.
Community Based Organizations (CBOs)	The Emmy Haney House Children's Advocacy Center confirmed a qualified victim advocate would be available for victims of sexual assault.
SAFE/SANE Programs	The Emmy Haney House Children's Advocacy Center confirmed a pediatric nurse examiner (SANE) would be made available.
Tennessee Department of Child Protective Services (CPS)	The auditor contacted the Tennessee Department of Child Protective Services hotline at (877) 237-0004.

Research

Mandatory Reporting

Everyone in Tennessee is a mandated reporter. Tennessee Code Annotated 37-1-403(i) (1) requires all persons to report suspected cases of child abuse or neglect. "Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality abuse, or neglect or that, on basis of available information, reasonably appears to have been caused by brutality, abuse, or neglect."

Failure to report

Failure to report abuse is a violation of the law and a Class A misdemeanor, carrying a sentence of up to three months imprisonment, a fine or both. Those who report and "act in good faith" are immune from any civil or criminal charges, which may result. The reporter has the right to remain confidential and anonymous.

Onsite Audit Phase

Entrance briefing

An entrance briefing was held with the Assistant Superintendent and the PREA Coordinator. Introductions were made, the agenda was discussed, and the auditor began the site review accompanied by the Assistant Superintendent and the PREA Coordinator.

Site review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The facility consists of one (1) building. There is a girls' wing with six (6) single cells, a boys' wing with fifteen (15) single cells and an overflow wing with five (5) single cells. The overflow wing can be used for boys or girls depending on need. In addition to the housing units, there is a dining room, a kitchen, a large indoor gymnasium, administrative offices, classroom, staff offices and a nurse's station. One the day of the onsite audit the population of the facility was thirteen (13) male juveniles upon the auditor's arrival. Five (5) were discharged and one there was one (1) intake before juvenile interviews

began. There were nine (9) male juveniles available for the random resident interview protocol. All nine (9) participated in the interview process.

Processes and areas observed

One (1) resident was admitted during the onsite phase of the audit. The auditor observed the intake and risk screening to better understand the process. All resident records were neatly organized and secured in in the control room. A grievance box was located in the classroom. Grievance forms and writing utensils were available. The grievance box is checked daily.

Phones for reporting sexual abuse, sexual harassment or for contacting external crisis intervention services are available. The staff conducting the site review described the showering process, pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment. The PREA posters are prominently placed in the housing areas and common areas.

Specific area observations

The auditor observed officers actively supervising the residents. They were doing room checks during the site review. There are 40 total cameras. Staff supervision and the video surveillance system mitigate blind spots.

Interviews Logistics

Location and Privacy

Interviews were held in a visitation room. The location provided privacy and was centrally located to minimize disruption of daily activities and programing.

Selection Process

Specialized staff were selected based on their respective duties in the facility. Twelve (12) officers, randomly selected from every shift, were interviewed using the random staff interview protocol. Nine (9) residents were interviewed using the random resident interview protocol. The resident population was nine (9) when resident interviews began. All nine (9) residents volunteered to be interviewed. There were no residents identified for any of the target interview categories.

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head (Designee)	1
Facility Superintendent	1
PREA Coordinator	1
PREA Compliance Manager	N/A
Specialized Staff	
Medical Staff (Contract)	1
Mental Health Staff (Contract)	N/A
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches	0
Administrative (Human Resources) Staff	1
Agency Contract Administrator	1
Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	1
Investigative Staff (No administrative or criminal investigators)	N/A

Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation (no isolation)	N/A
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security First Responders	1
Non-Security Staff First Responders	0
Intake Staff	1
Random Sample of Staff	
First Shift	5
Second Shift	3
Third Shift	4
Total Random Sample of Staff	12
Volunteers Contractors who have Contact with Residents	
Volunteers	1
Contractors	1 (Galen Medical Group)
Residents	
Random Sample of Residents from all Housing Units	9 (all residents interviewed)
Targeted Residents	
Residents who Reported a Sexual Abuse	0
Residents with Cognitive Disabilities	
Residents with Physical Disabilities	0
Limited English Proficient Residents	0
Gay, Lesbian, and Bisexual Residents	0
Transgendered and Intersex Residents	0
Residents in Isolation	0
Residents who Disclosed Prior Sexual Victimization During Risk Screening	0
Interview Totals	
Total Number of Staff Interviews	27
Total Number of Resident Interviews	9
Total Number of Interviews	36

Interviewed Residents Length of Time at Facility

Days or Months	Number of Residents
1 Day to 31 Days	9
32 Days to 6 Months	0
7 Months to 12 Months	0
13 Months Plus	0
Total	9

Records Review

Name of Record	Total Records Reviewed
Personnel Records/Documentation	88 documents
Volunteers and Contractors Files/Documentation	11 documents
Training Files/Documentation/Records	34 documents
Resident Records	15 files
Medical/Mental Health Records and Documentation for Victims	N/A

Grievance Forms (Sexual Abuse and Sexual Harassment)	0
All Incident Reports (Sexual Abuse and Sexual Harassment)	1
Investigation Records (Sexual Abuse and Sexual Harassment)	DCS

Investigative Files

Youth-on-Youth Sexual Victimization	Substantiated	Unsubstantiated	Unfounded
Nonconsensual Sexual Acts	0	0	0
Abusive Sexual Contact	0	0	0
Sexual Harassment	0	0	0
Staff-on-Youth Sexual Abuse			
Staff Sexual Misconduct	0	0	0
Staff Sexual Harassment	0	0	5

Reporting Method	Sexual Abuse		Sexual Harassment	
	Youth-on-Youth	Staff-on-Youth	Youth-on-Youth	Staff-on-Youth
Hotline	0	0	0	0
Grievance	0	0	0	0
Verbal Report	0	0	0	1
Anonymous	0	0	0	4
Third Party	0	0	0	0
Reports by Staff	0	0	0	0

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.

Characteristics Related to PREA and Sexual Safety

Introduction	
Parent Agency	Hamilton County Juvenile Court
Other Significant Relationship Information	None
Facility Name	Hamilton County Juvenile Detention Center
Facility Address	1600 East 3rd Street, Chattanooga, TN 37404
Age of Facility	33 years
Total Facility Rated Capacity	25
Resident Populating Size and Makeup	
Average daily population in the last 12 months	10
Actual population on day 1 of the onsite portion of the audit	13

Population Gender	Male and Female. All male population during onsite audit.
Population Ethnicity	White, Black, and Hispanic
Average Length of Stay	4.5 days
Staff Size and Makeup	
Total Staff Size	34
Number of Security Staff	25
Types of Supervision Practiced:	direct
Number of Volunteers who may have contact with residents	18
Number of Contractors who may have contact with residents	3
Number of Interns who may have contact with residents	0
Number and Type of Housing Units	
Number of single-occupancy cells	25
Number of open-bay dorms	0
Number of segregation/isolation units	0
Number of medical units	0
Number of closed units	0
Type of Supervision (direct or indirect)	direct
Video Monitoring	supplemental to direct supervision

Facility Operations

Physical Plant Description

The facility consists of one (1) building. There is a girls' wing with six (6) single cells, a boys' wing with fifteen (15) single cells and an overflow wing with five (5) single cells. The overflow wing can be used for boys or girls depending on need. In addition to the housing units, there is a dining room, a kitchen, a large indoor gymnasium, administrative offices, classroom, staff offices and a nurse's station.

Services Available

The Detention Center provides a short-term safe and secure environment to juveniles. The juveniles are provided meals, exercise and PREA education. Medical services are provided by Galen Medical Group and mental health services are provided by Youth Villages and the Mental Health Cooperative.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 1
Standard 115.354 Third-party reporting

Number of Standards Met: 42

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Standard 115.312 Contracting with other entities for the confinement of residents
Standard 115.313 Supervision and monitoring
Standard 115.315 Limits to cross-gender viewing and searches
Standard 115.316 Residents with disabilities and residents who are limited English proficient
Standard 115.317 Hiring and promotion decisions
Standard 115.318 Upgrades to facilities and technologies
Standard 115.321 Evidence protocol and forensic medical examinations
Standard 115.322 Policies to ensure referrals of allegations for investigations
Standard 115.331 Employee training
Standard 115.332 Volunteer and contractor training
Standard 115.333 Resident education
Standard 115.334 Specialized training: Investigations
Standard 115.335 Specialized training: Medical and mental health care
Standard 115.341 Screening for risk of victimization and abusiveness
Standard 115.342 Use of screening information
Standard 115.351 Resident reporting
Standard 115.352 Exhaustion of administrative remedies
Standard 115.353 Resident access to outside confidential support services
Standard 115.361 Staff and agency reporting duties
Standard 115.362 Agency protection duties
Standard 115.363 Reporting to other confinement facilities
Standard 115.364 Staff first responder duties
Standard 115.365 Coordinated response
Standard 115.366 Preservation of ability to protect residents from contact with abusers
Standard 115.367 Agency protection against retaliation
Standard 115.368 Post-allegation protective custody
Standard 115.371 Criminal and administrative agency investigations
Standard 115.372 Evidentiary standard for administrative investigations
Standard 115.373 Reporting to residents
Standard 115.376 Disciplinary sanctions for staff
Standard 115.377 Corrective action for contractors and volunteers
Standard 115.378 Disciplinary sanctions for residents
Standard 115.381 Medical and mental health screenings; history of sexual abuse
Standard 115.382 Access to emergency medical and mental health services
Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
Standard 115.386 Sexual abuse incident reviews
Standard 115.387 Data collection
Standard 115.388 Data review for corrective action
Standard 115.389 Data storage, publication, and destruction

Standard 115.401 Frequency and scope of audits
Standard 115.403 Audit contents and findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

- Standard 115.313 Supervision and monitoring

Corrective Action (Completed):

The facility had not previously completed a 2018 Staffing Plan Assessment.

The assessment was completed using the using DCS Form - 1045 "Staffing Plan Assessment" and was received by email on October 25, 2018. The auditor observed the assessment was inclusive of the standard requirements.

- Standard 115.322 Policies to ensure referrals of allegations for investigations

Corrective Action (Completed):

Policy must describe the responsibilities of both the agency and local law enforcement responsible for conducting criminal investigations. Upon completion the policy will be published on the agency's website. This corrective action was scheduled to be completed by December 31, 2018.

The facility published the policy December 31, 2018. The auditor reviewed the website for verification.

- Standard 115.332 Volunteer and contractor training

Corrective Action (Complete):

Contracted medical staff, with the Galen Medical Group, had not received the specialized topics included in standard 115.335. The facility provided these topics through the training curriculum available through the PREA Resource Center. This corrective action was scheduled to be completed by December 31, 2018.

The facility provided signed training documents demonstrating the specialized training was accomplished on December 17, 2018. The auditor reviewed the training documents for verification.

- Standard 115.335 Specialized training: Medical and mental health care

Corrective Action (Completed):

Contracted medical staff, with the Galen Medical Group, had not received the specialized topics included in standard 115.335. The facility is providing these topics through the training curriculum available through the PREA Resource Center. This corrective action was scheduled to be completed by December 31, 2018.

The facility provided signed training documents demonstrating the specialized training was accomplished on December 17, 2018. The auditor reviewed the training documents for verification.

- Standard 115.341 Screening for risk of victimization and abusiveness

Corrective Action (Completed):

The PREA Coordinator amended the screening form the week following the onsite phase of the audit to include the missing screening criteria regarding gender nonconforming appearance or manner and identification as lesbian, gay, bisexual, transgender, or intersex. The PREA Coordinator emailed

the auditor the new screening forms for all new intakes each week beginning October 5, 2018 and ending December 21, 2018. The PREA Coordinator emailed continue to email screening forms for new intakes through the end of the year to show the amended form has become established practice. The auditor reviewed the completed intake forms each week for verification.

- Standard 115.354 Third-party reporting

Corrective Action (Completed):

Before the onsite phase of the audit the agency had not established a method to receive third-party reports of sexual abuse and sexual harassment and had not distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The facility completed this corrective action November 14, 2018. The detention center published three methods for third-party reporting on its website at: <http://www.hamiltontn.gov/courts/Juvenile/Default.aspx>. The publication states, "The Hamilton County Juvenile Detention Center has a zero-tolerance policy regarding sexual abuse. To report sexual abuse, call the Department of Children Services Child Abuse Hotline at (877) 237-0004 or contact online at <https://apps.tn.gov/carat/>. All allegations of sexual abuse are investigated by the Department of Children's Services and Law Enforcement if indicated. You can also contact the Hamilton County Juvenile Detention Center directly at (423) 209-5158."

The auditor reviewed the website and verified these methods for third-party reporting are publicly available and determined the detention center exceeds this standard.

- Standard 115.387 Data collection

Corrective Action (Completed):

HCJDC has not aggregated incident-based sexual abuse data annually. The facility agreed to compile a report for all 2018 allegations by December 31, 2018. This report was required to be published on the detention center's website.

The facility completed annual reports for 2017 and 2018. The reports were published on the facility's website January 4, 2019. The auditor reviewed the reports published on the facility's website for verification.

- Standard 115.388 Data review for corrective action

Corrective Action (Completed):

HCJDC has not prepared an annual report with the stand requirements. The PREA coordinator stated a report will be completed for 2018 and competed by the end of the year. The facility agreed to publish the annual report on the detention center's website by December 31, 2018.

The facility completed annual reports for 2017 and 2018. The reports were published on the facility's website January 4, 2019. The auditor reviewed the reports published on the facility's website for verification.

- Standard 115.389 Data storage, publication, and destruction

Corrective Action (Completed):

HCJDC had not previously made all aggregated sexual abuse data readily available to the public at least annually through its website. This data was scheduled to be made available and published on the detention center's website by December 31, 2018.

The facility published the data on its website December 18, 2018. The auditor reviewed the information published in the facility's website for verification.

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.

Standard 115.311

- (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.
- (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.
- (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.
-

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC Pre-Audit Questionnaire (PAQ)
- HCJDC PREA Policy and Procedure
- Interview Protocols
 - PREA Coordinator
 - PREA Compliance Manager – N/A
- Observations during onsite review of facility

Interview Results:

- The Superintendent confirmed the appointment of a PREA Coordinator to oversee PREA operations.
- The PREA Coordinator confirmed he has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. He reports to the Superintendent.

Conclusion:

Hamilton County Juvenile Detention Center (HCJDC) has a zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator develops, implements, and oversees agency compliance with PREA standards.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.

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 OR the response to 115.312(a)-1 is "NO".) 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.

Standard 115.312

(a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC Pre-Audit Questionnaire (PAQ)

- Interview Protocol
 - Agency Contract Administrator (PREA Coordinator)

PAQ Assertion:

- The facility reported the number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit reported was zero (0) in the past 12 months.

Interview Results:

The interview with the PREA Coordinator confirmed that the facility does not and has not contracted with any other entity for the confinement of its residents.

Conclusion:

The HCJDC does not contract for the confinement of its residents with private agencies or other entities including other government agencies. Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?
 Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes 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 only until October 1, 2017.)
 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 only until October 1, 2017.)
 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 only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) 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

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.

Standard 115.313

(a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

(b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

(c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

(d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

(1) The staffing plan established pursuant to paragraph (a) of this section;

(2) Prevailing staffing patterns;

(3) The facility's deployment of video monitoring systems and other monitoring technologies; and

(4) The resources the facility has available to commit to ensure adherence to the staffing plan.

(e) Each secure facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Policy 12.6 Housing Area (Wing) Staffing
- HCJDC Pre-Audit Questionnaire (PAQ)
- 2018 Staffing Plan Assessment
- Unannounced Rounds
- Interview Protocols
 - Superintendent or Designee
 - PREA Coordinator
 - PREA Compliance Manager - N/A
 - Intermediate or Higher-Level Facility Staff

PAQ Assertions:

- For the preceding 12 months the average daily number of residents reported was sixteen (16).
- For the preceding 12 months the average daily number of residents on which the staffing plan was predicated reported was twenty-six (26).
- The facility reports zero (0) deviations from the staffing plan in the past twelve months.

Interview Results:

The interview with the PREA Coordinator confirmed the facility regularly develops a staffing plan. The 11 criteria required for calculating adequate staffing levels and determining the need for video monitoring are included in the documented plan. The plan maintains adequate staffing levels and ratios of a minimum of at least 1:8 during waking hours and 1:16 during sleeping hours. The Superintendent

confirmed he participates in making assessments of, or adjustments to, the staffing plan for the facility and assessments happen at least annually. Documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur.

Conclusion:

HCJDC provides for adequate levels of staffing and video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels, the HCJDC considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant; the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

HCJDC complies with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances. The facility experienced no deviations from the staffing plan during the 12 months preceding the audit. This was corroborated with the PREA Coordinator interview and the PAQ.

At least once a year, HCJDC PREA Coordinator or designee in consultation with Department program area staff, assesses, determines, and documents whether adjustments are needed to the staffing plan, prevailing staffing patterns, the video monitoring systems and the resources deployed by the facility to comply with the staffing plan. The Assistant Superintendent provided the auditor with the 2018 Staffing Plan Assessment as part of corrective action. The auditor observed the assessment was inclusive of the standard requirements.

Supervisors in Detention conduct and document unannounced rounds to identify and deter staff sexual misconduct at least once a week. These rounds are conducted during day and night shift hours. Staff are prohibited from alerting other staff members that the supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The auditor observed the documented, unannounced rounds cover all shifts.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding supervision and monitoring.

Corrective Action (Completed):

The facility had not previously completed a 2018 Staffing Plan Assessment.

The assessment was completed using the using DCS Form - 1045 "Staffing Plan Assessment" and was received by email on October 25, 2018. The auditor observed the assessment was inclusive of the standard requirements

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 implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes 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

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.

Standard 115.315

(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

(b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

(c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

(d) The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

(e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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.

(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Policy 3.2 Unclothed Search in Housing Area for New Residents
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Random Sample of Staff
 - Random Sample of Residents
 - Transgender or Intersex Residents - None present
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of cross-gender strip or cross gender visual body cavity searches of residents in the past 12 months was zero (0).
- The facility reported the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff in the past 12 months was zero (0).
- The facility reported the number of cross-gender pat-down in the past 12 months was zero (0).
- The facility reported the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s) in the past 12 months was zero (0).
- The facility reported the number of searches or physical examinations of transgender or intersex residents for the sole purpose of determining the resident's genital status in the past 12 months was zero (0).

Interview Results

Interviews with staff confirmed they are knowledgeable they are prohibited from conducting any types of cross-gender searches, except in exigent circumstances. No staff reported having to conduct cross-gender searches or searches of transgender and intersex residents. All staff interviewed confirmed they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The residents interviewed were all male. No female residents were confined at the facility during the onsite review. The male residents confirmed female staff announce their presence when entering the housing areas. They confirmed only male staff have performed pat down searches. They stated they are never naked in full view of female staff.

Conclusion:

Staff are prohibited from conducting cross-gender strips searches or cross-gender pat-down searches. Strips searches must be conducted in accordance with HCJDC policy 3.2. Staff fully explained to the auditor the intake process and how the initial strip search is performed in an area that provides for privacy, safety and security. Youth must be allowed 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. Transgender and intersex youth shall be given the opportunity to shower separately from other youth.

Staff of the opposite announce their presence when entering a youth housing facility or an area where youth are likely to be showering, performing bodily functions, or changing clothing. Residents interviewed reported females announce their presence, with the exception of one (1) resident who stated female staff have not entered the make housing area. Each cell has a toilet and there is a shower room in the hall with two showers. Residents are able to undress, shower and dress privately behind a full length shower curtain. The auditor confirmed all toilets and showers are out of camera view.

Staff do 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 conversation with the youth, 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. Interviews revealed staff are trained to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner. The auditor corroborated the training by reviewing staff training records. No staff interviewed reporting having conducted cross-gender searches or searches of transgender and intersex residents.

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

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.

Standard 115.316

(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

(b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

(c) The agency shall not rely 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.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- LanguageLine Solutions

<https://www.language.com/>

(888) 808-9008

- PREA Orientation Video (English and Spanish)
- PREA Youth Pamphlets (English and Spanish)
- Youth PREA Posters – “No Means No” (English and Spanish)
- Interview Protocols
 - Agency Head or Designee
 - Random sample of Staff
 - Residents (with disabilities or who are limited English proficient) - None present
- Observations during onsite review of facility

PAQ Assertion:

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

Interviews:

Interviews with the Assistant Superintendent and PREA Coordinator confirmed the facility has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Interviews with staff confirmed they would use an interpreter for residents who are limited English proficient. No staff interviewed recalled resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment during the 12 months preceding the audit.

Conclusion:

HCJDC ensures that all youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, developmental, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the detention center’s efforts to prevent, detect, and respond to sexual misconduct. The facility ensures meaningful access to its efforts to prevent, detect, and respond to sexual misconduct to youth who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility does not use youth as interpreters, readers, or other assistance to perform such functions except in limited circumstances where an extended delay in obtaining an effective interpreter/reader/assistant could compromise the youths’ safety, the performance of the first responder duties, or the investigation of the youth’s allegations.

HCJDC uses LanguageLine Solutions for interpreting services. Written materials are available for residents who are deaf or hard of hearing. Information is explained to disabled residents in a manner they can comprehend and understand. PREA education is conducted on an individual basis to ensure each youth has a clear understanding of the material.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard residents with disabilities and residents who are limited English proficient. No corrective action is required.

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, or 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)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing

information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes 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.

Standard 115.317

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(b) The agency shall 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.

(c) Before hiring new employees who may have contact with residents, the agency shall:

(1) Perform a criminal background records check;

(2) Consult 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.

(d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

(e) The agency shall 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.

(f) The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Unless prohibited by law, the agency shall 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.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Background Records Checks
- Child Protective Services History Checks
- Questions About Previous Misconduct
- Interview Protocol
 - Administrative (Human Resources) Staff
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of persons hired who may have contact with residents who have had criminal background record checks in the past 12 months was zero (0).
- The facility reported the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents in the past 12 months was zero (0).

Interview Results:

The Assistant Superintendent reported the facility complies with the standard. Extensive criminal records background checks are conducted for all employees and contractors.

Conclusion:

HCJDC does not hire, promote or contract with anyone who: (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile, facility, or other institution; (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in the activity described above. The facility asks all applicants and staff who may have contact with youth directly about previous misconduct in written applications or interviews for hiring or promotions and in any

interviews or written self-evaluations conducted as a part of review of current staff. The facility provided the auditor with documentation that current staff have answered the questions regarding previous misconduct.

HCJDC considers any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents.

HCJDC performs a background check prior to hiring any new staff or contracted employees. Background checks include consulting the Child Protective Services abuse registry maintained by the State. The Detention Center makes its best efforts to contact all prior employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks are conducted every five years. The facility provided the auditor with current criminal record background check results and abuse registry check results for the current employees of the detention center.

HCJDC requires staff being considered for promotion to disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

Unless prohibited by law, HCJDC provides information on substantiated allegations of sexual misconduct involving former staff upon receiving a request from any PREA regulated employer for whom such staff has applied to work.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding hiring and promotion decisions. No corrective action is required.

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.

Standard 115.318

(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

(b) 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 residents from sexual abuse.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Agency Head or Designee
 - Superintendent or Designee
- Observations during onsite review of facility

PAQ Assertions:

- The facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012.
- The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

Interview Results:

The Superintendent and Assistant Superintendent confirmed there have been no expansions or modifications since August 20, 2012. There have been updates to the video monitoring system, electronic surveillance system, or other monitoring technology. The facility was carefully assessed to

identify potential blind spots and cameras were adjusted or added accordingly. The current number of cameras is 40.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.

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 evidentiarily 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? Yes No
- 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 entity 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) 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.

Standard 115.321

(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.

(c) The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

(d) The agency shall attempt 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 agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

(h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- The Emmy Haney House Children’s Advocacy Center: cachc.org
5705 Uptain Road, Suite C, Chattanooga, TN 37411
(423) 266-6918
Email: info@cachc.org
- Interview Protocols
 - Agency Head or Designee
 - Random Sample of Staff
 - SAFEs/SANEs
 - PREA Coordinator
 - PREA Compliance Manager – N/A
 - Resident who Reported a Sexual Abuse – None identified
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported forensic medical exams conducted in the past 12 months was zero (0).
- The facility reported exams performed by SANEs/SAFEs in the past 12 months was zero (0).
- The facility reported exams performed by a qualified medical practitioner in the past 12 months was zero (0).

Interview Results:

The Assistant Superintendent and PREA Coordinator confirmed a qualified victim advocate from the Emmy Haney House Children’s Advocacy Center would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. They would also provide a pediatric physician or a pediatric nurse practitioner to examine victims of sexual abuse.

Staff interviewed stated they know and understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Staff interviewed stated CPS and the Hamilton County Sheriff’s Office are responsible for conducting sexual abuse investigations.

The auditor interviewed a representative from the Emmy Haney House Children’s Advocacy Center. They confirmed forensic medical examinations and follow-up care are available to the residents of Hamilton County Juvenile Detention Center. Additionally they confirmed a qualified victim advocate would be available.

Conclusion:

HCJDC is not responsible for investigating allegations of sexual abuse. Investigations are performed by the Tennessee Department of Child Protective Services (CPS) and local law enforcement, if criminal in nature.

The Emmy Haney House Children’s Advocacy Center is nationally-accredited by the National Children’s Alliance (NCA) and provides forensic interviews, medical examinations, therapy, and family advocacy, which are offered at no charge to children referred by the Department of Children’s Services or law enforcement.

The Center provides a quality medical facility used strictly for child abuse examinations. A pediatric physician or a pediatric nurse practitioner, with specialized training and expertise in child abuse, examines victims on site, thereby, eliminating long waits in the emergency room. Youth are examined by appointment and after hours for emergencies.

The Center has a collaborative working relationship with local law enforcement, the District Attorney, Department of Children’s Services, mental health professionals and Children’s Hospital at Erlanger. In addition to providing direct services such as interviewing, medical examinations, and counseling to abused children, the Center also facilitates the teamwork necessary for all involved agencies to work collaboratively in consistently meeting children’s needs and to successfully investigate cases and prosecute offenders.

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

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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes 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.

Standard 115.322

(a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

(b) The agency shall have in place a policy 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. The agency shall

publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

(d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

(e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Agency Head or Designee
 - Investigative Staff
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number allegations of sexual abuse and sexual harassment that were received in the past 12 months was five (5).
- The facility reported the number allegations resulting in an administrative investigation that were received in the past 12 months was five (5).
- The facility reported the number allegations referred for criminal investigation in the past 12 months was zero (0).

Interview Results:

The Assistant Superintendent confirmed an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations are referred for investigation by calling the CPS hotline and local law enforcement, if criminal in nature.

Conclusion:

HCJDC has a policy in place to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations are reported to the Tennessee Department of Child Protective Services. Local law enforcement is responsible for conducting criminal investigations. Policy does not describe the responsibilities of both the agency and the investigating entity and was not previously published on the agency's website.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility was not fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. Corrective action was required.

Corrective Action (Completed):

Policy must describe the responsibilities of both the agency and local law enforcement responsible for conducting criminal investigations. Upon completion the policy will be published on the agency's website. This corrective action was scheduled to be completed by December 31, 2018.

The facility published the policy December 31, 2018. The auditor reviewed the website for verification.

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.

Standard 115.331

(a) The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
 - (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - (3) Residents' right to be free from sexual abuse and sexual harassment;
 - (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 - (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
 - (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
 - (8) How to avoid inappropriate relationships with residents;
 - (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
 - (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
 - (11) Relevant laws regarding the applicable age of consent.
- (b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.
- (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.
- (d) The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Staff Training Records with Signatures
- Interview Protocol
 - Random Sample of Staff
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported all staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above.
- The facility reported the frequency with which employees who may have contact with residents receive refresher training on PREA requirements is every two years for full training and refresher training is ongoing.

Interview Results:

Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331. All twelve (12) staff interviewed received PREA training in 2018. This was verified by reviewing staff training records.

Conclusion:

HCJDC policy states all Hamilton County Juvenile Detention employees must complete training on the agency zero-tolerance of sexual misconduct. Refresher training is required every two years. The Detention Center documents through employee signature that employees understand the training they have received. The auditor reviewed employee training records and determined staff are receiving the 11 topics required by this standard. The training records were current and included signatures.

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

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.

Standard 115.332

(a) The agency shall ensure 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.

(b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- PREA Acknowledgement of Volunteer/Contractor Training with Signatures
- Interview Protocol
 - Volunteers or Contractors who have Contact with Residents
- Observations during onsite review of facility

PAQ Assertion:

- The facility reported the number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is one (1) volunteer.

Interview Results:

The contracted nurse with Galen Medical Group confirmed she has been informed of the facility's zero tolerance policy and how to report sexual abuse and sexual harassment. She stated she would report to her supervisor at Galen and HCJDC staff

Conclusion:

HCJDC requires 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. Additionally, all volunteers and contractors who have contact with residents are be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. They sign the PREA Acknowledgement of Volunteer/Contractor Training. The auditor received copies of the acknowledgements.

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. The auditor received copies of signed training records verifying the contracted medical staff have received the 11 topics required by standard 115.331. Contracted medical staff, with the Galen Medical Group, had not previously received the specialized topics, included in standard 115.335, to satisfy this provision of the standard.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility was not fully compliant with this standard regarding volunteer and contractor training. Corrective action was required.

Corrective Action (Complete):

Contracted medical staff, with the Galen Medical Group, had not received the specialized topics included in standard 115.335. The facility provided these topics through the training curriculum available through the PREA Resource Center. This corrective action was scheduled to be completed by December 31, 2018.

The facility provided signed training documents demonstrating the specialized training was accomplished on December 17, 2018. The auditor reviewed the training documents for verification.

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 such education? 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.

Standard 115.333

(a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

(b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

(c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

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

(e) The agency shall maintain documentation of resident participation in these education sessions.

(f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure

- HCJDC Pre-Audit Questionnaire (PAQ)
- LanguageLine Solutions
<https://www.languageline.com/>
 (888) 808-9008
- PREA Orientation Video (English and Spanish)
- PREA Youth Pamphlets (English and Spanish)
- Youth PREA Posters - “No Means No” (English and Spanish)
- Youth PREA Education Signed Acknowledgement Forms
- Interview Protocols
 - Intake Staff
 - Random Sample of Residents
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of residents admitted in the past 12 months who were given information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake is two hundred and fifty (250).
- The facility reported the number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake is one hundred and sixty (160).

Interview Results:

The interview with the intake officer revealed resident education is accomplished through viewing a PREA video and staff instruction. All residents sign acknowledging they have received PREA education. Residents are educated on the facility’s zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. All PREA education is accomplished within 72 hours of.

The residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not be punished for reporting, during the intake process. They confirmed they received information about the facility’s rules against sexual abuse and sexual harassment through staff instruction and a PREA video within 72 hours of intake.

Conclusion:

During intake, all youth will be provided with information on the agency’s zero-tolerance policy regarding sexual misconduct, including how to report incidents or suspicions of sexual misconduct.

Special accommodations shall be made to ensure all written information about sexual misconduct policies, including how to report sexual misconduct, is conveyed verbally to youth with limited reading skills or who are visually impaired, deaf, or otherwise disabled.

Within 72 hours of intake, Staff will provide comprehensive education to youth (either in- person or via video) regarding 1) their rights to be free from sexual misconduct, 2) their rights to be free from retaliation for reporting such misconduct, and 3) the agency’s sexual misconduct response policies and procedures. Refresher information will be readily available to all youth. HCJDC retains documentation of youth participation in training classes with the Youth PREA Education Signed Acknowledgement Forms.

The auditor reviewed youth files and confirmed they are receiving PREA education on the required topics within 72 hours of intake. Additionally, the auditor received examples of the Youth PREA Education Signed Acknowledgement Forms as part of the pre-onsite audit documentation.

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

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.

Standard 115.334

(a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

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

(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

(d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Investigative Staff - none
- Observations during onsite review of facility

PAQ Assertion:

The facility reported the number of investigators currently employed who have completed the required training is zero. HCJDC does not employ employee investigators.

Conclusion:

HCJDC does not employ administrative or criminal investigators. Administrative investigations are conducted by Tennessee Department of Child Protective Services and criminal investigations are conducted by local law enforcement.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? 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.

Standard 115.335

(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

(b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

(c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

(d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols

- Medical Staff
- Mental Health Staff
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of all medical and mental health care practitioners who work regularly at the facility who received the training required by agency policy is five (5).
- The facility reported the percent of all medical and mental health care practitioners who work regularly at the facility who received the training required by agency policy is 100%.

Interview Results:

The nurse contracted with Galen Medical Group confirmed she has received the required training for standards 115.331 and 115.332. She had not previously received the specialized topics required by this standard

Conclusion:

HCJDC requires 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. Additionally, all volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents, as required by standard 115.332. They sign the PREA Acknowledgement of Volunteer/Contractor Training. The auditor received copies of the acknowledgements.

Contracted medical staff complete the training required by standard 115.331. The auditor received copies of signed training records verifying the contracted medical staff have received the 11 topics required by standard 115.331. Contracted medical staff, with the Galen Medical Group, had not received the specialized topics required by this standard.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility was not fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

Corrective Action (Completed):

Contracted medical staff, with the Galen Medical Group, had not received the specialized topics included in standard 115.335. The facility is providing these topics through the training curriculum available through the PREA Resource Center. This corrective action was scheduled to be completed by December 31, 2018.

The facility provided signed training documents demonstrating the specialized training was accomplished on December 17, 2018. The auditor reviewed the training documents for verification.

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: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes 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.

Standard 115.341

(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

(b) Such assessments shall be conducted using an objective screening instrument.

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

(1) Prior sexual victimization or abusiveness;

(2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;

(3) Current charges and offense history;

(4) Age;

(5) Level of emotional and cognitive development;

(6) Physical size and stature;

(7) Mental illness or mental disabilities;

(8) Intellectual or developmental disabilities;

(9) Physical disabilities;

(10) The resident's own perception of vulnerability; and

(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

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

(e) The agency shall implement 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.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Vulnerability to Victimization and Sexually Aggressive Behavior Form
- Interview Protocols
 - PREA Coordinator
 - PREA Compliance Manager - N/A
 - Staff Responsible for Risk Screening
 - Random Sample of Residents
- Observations during onsite review of facility

PAQ Assertion:

The facility reported the number of residents entering the facility within the past 12 months (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility is eight hundred and thirty-five (835).

Interview Results:

The PREA Coordinator interview confirmed HCJDC policy outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation.

The intake officer who performs screening for risk of victimization and abusiveness was interviewed. The interview confirmed that residents are screened upon admission or transfer from another facility at intake. The Vulnerability to Victimization and Sexually Aggressive Behavior Form is completed by asking the residents questions and reviewing their files. The screening information is controlled to ensure that sensitive information is not exploited.

The interview with the residents confirmed they were asked questions like the following examples at intake:

- (1) Have you ever been sexually abused?
- (2) Do you have any disabilities?
- (3) Do you think you might be in danger of sexual abuse at the Facility?

Conclusion:

HCJDC's policy requires when a youth is admitted to the detention center they are screened for vulnerability to victimization and sexually aggressive behavior prior to any double room assignment. Room assignments by staff shall ensure a youth's potential for victimization or predatory risk has been reviewed.

HCHDC's screening for Vulnerability to Victimization and Sexually Aggressive Behavior Form is completed during the detention screening by staff no later 72 hours of admission. The auditor initially reviewed the Vulnerability to Victimization and Sexually Aggressive Behavior form and found it to be inclusive of all elements required by the standard, with the exception of gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex.

Information gathered by the admissions staff shall be entered into the youth's case file. Youth responses to questions shall be on a need-to-know basis to ensure that sensitive information is not exploited to the youth's detriment by staff or other youth.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility was not fully compliant with this standard regarding screening for risk of victimization and abusiveness. Corrective action was required.

Corrective Action (Completed):

The PREA Coordinator amended the screening form the week following the onsite phase of the audit to include the missing screening criteria regarding gender nonconforming appearance or manner and identification as lesbian, gay, bisexual, transgender, or intersex. The PREA Coordinator emailed the auditor the new screening forms for all new intakes each week beginning October 5, 2018 and ending December 21, 2018. The PREA Coordinator emailed continue to email screening forms for new intakes through the end of the year to show the amended form has become established practice. The auditor reviewed the completed intake forms each week for verification.

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? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes 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 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 paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) 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? 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.

Standard 115.342

(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

(b) Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally 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.

(c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies

consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

(d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

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

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

(g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

(h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

(1) The basis for the facility's concern for the resident's safety; and

(2) The reason why no alternative means of separation can be arranged.

(i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Vulnerability to Victimization and Sexually Aggressive Behavior Form
- Interview Protocols
 - Superintendent or Designee
 - PREA Coordinator
 - PREA Compliance Manager - N/A
 - Staff Responsible for Risk Screening
 - Staff who Supervise Residents in Isolation - No Isolation
 - Medical Staff
 - Mental Health Staff - N/A
 - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - None. No isolation
 - Transgendered/Intersex/Gay/Lesbian/Bisexual Residents - None present
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero (0).
- The facility reported the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months was zero (0).

- The facility reported the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months was not applicable.

Interview Results:

The Superintendent confirmed the facility uses all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. He also confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Coordinator confirmed housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments would be reassessed every 6 months to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. He confirmed transgender and intersex residents would be given the opportunity to shower separately from other residents.

The intake officer confirmed the facility uses information from the risk screening to determine room assignments. He confirmed placement and programming assignments for each transgender or intersex resident would be reassessed at every 6 months to review any threats to safety experienced by the resident.

The nurse contracted with Galen Medical Group confirmed she has not observed isolation being used at the detention center.

Conclusion:

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

Lesbian, gay, bisexual, transgender, or intersex youth shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. A transgender or intersex youth's own view with respect to his or her own safety shall be given serious consideration. Lesbian, gay, bisexual, transgender or intersex identification or status is not an indicator of likelihood of being sexually abusive. Placement shall be considered on a case-by- case basis whether the placement will ensure the youth's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex youth shall be reassessed at least once every 6 months to review any threats to safety experienced by the youth.

Interviews with the PREA Coordinator and Assistant Superintendent confirmed transgender and intersex residents shall be given the opportunity to shower separately from other residents. Interviews also confirmed isolation is not used at the detention center.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

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? Yes No

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.

Standard 115.351

(a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

(b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

(d) The facility shall provide residents with access to tools necessary to make a written report.

(e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Children Protective Services Hotline: (877) 237-0004
- The Emmy Haney House Children's Advocacy Center: cachc.org

5705 Uptain Road, Suite C, Chattanooga, TN 37411
(423) 266-6918

Email: info@cachc.org

- PREA Youth Pamphlets (English and Spanish)
- Youth PREA Posters – “No Means No” (English and Spanish)
- Interview Protocols
 - PREA Coordinator
 - PREA Compliance Manager - N/A
 - Random Sample of Staff
 - Random Sample of Residents
 - Residents who Reported a Sexual Abuse - None present.
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported staff are required to document verbal reports. The time frame required to document the reports is “promptly”.
- The facility reported staff are informed of procedures, to privately report sexual abuse and sexual harassment of residents, through policies and PREA training.

Interview Results:

The PREA Coordinator confirmed HCJDC provides residents with access to tools necessary to make a written report of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The Tennessee Department of Children’s Services Child Abuse Hotline was identified as one way for residents to report sexual abuse or sexual harassment to a public entity that is not part of the facility. All allegations are immediately reported to DCS for investigation. He also stated HCJDC does not accept residents detained solely for civil immigration purposes.

Staff interviewed identified the Tennessee Department of Children’s Services Child Abuse Hotline as a way for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed an incident of sexual abuse or sexual harassment. They would be provided sight but not sound supervision during phone calls. Staff interviewed identified the Tennessee Department of Children’s Services Child Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.

The interview with the residents confirmed they are knowledgeable of internal and external ways of reporting sexual abuse or sexual harassment if it were to happen to them or other residents. Most identified a family member as someone who does not work at the facility whom they could report to and knew that they could make an anonymous report. They stated they knew they could make reports in person or in writing. Most residents knew that someone could make the report for them, so they would not have to give their name.

Conclusion:

HCJDC policy states youth shall be provided multiple internal ways to privately report sexual misconduct, retaliation by other youth or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The “No Means No” poster provides multiple internal and external ways to report and states reports can be made anonymously. Reporting methods include:

- Calling Child Protective Services at (877) 237-0004.
- Reporting to any staff, volunteer, contractor, or medical or mental health staff.
- Submitting a grievance or a sick call slip.
- Reporting to the PREA Coordinator.
- Telling a family member, friend, legal counsel, or anyone else outside the facility. They can report on the youth's behalf by calling (877) 237-0004.
- Submitting a report on someone's behalf, or someone at the facility can report for youth using the ways listed.

Internal and external reporting methods are also indicated on the PREA Youth Pamphlets.

Interviews with the PREA Coordinator and Assistant Superintendent revealed the facility would not accept residents detained solely for civil immigration purposes.

Staff interviews revealed they could privately report by calling Child Protective Services.

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

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 NA

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 regarding 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.

Standard 115.352

(a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

(b)(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

(c) The agency shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

(d)(1) The agency shall 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.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) 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, the resident may consider the absence of a response to be a denial at that level.

(e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) 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.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

(f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocol
 - Residents who Reported a Sexual Abuse – None present
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of grievances that were filed that alleged sexual abuse in the past 12 months was zero (0).

Conclusion:

HCJDC policy states there is no time limit on when a youth may submit a grievance regarding an allegation of sexual misconduct. HCJDC does not have administrative procedures to address resident grievances regarding sexual abuse. If an allegation of sexual abuse is reported through the submission of a grievance, the allegation will be referred for investigation to the Tennessee Department of Children's Services.

The auditor observed the grievance box is located in the classroom, giving youth the ability to have access to writing utensils and paper.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes 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? Yes No
- 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.

Standard 115.353

(a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

(b) The facility shall 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.

(c) The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

(d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- The Emmy Haney House Children's Advocacy Center: cachc.org
5705 Uptain Road, Suite C, Chattanooga, TN 37411
(423) 266-6918
Email: info@cachc.org
- Interview Protocols
 - Superintendent or Designee

- PREA Coordinator
 - PREA Compliance Manager - N/A
 - Random Sample of Residents
 - Residents who Reported a Sexual Abuse - None present
- Observations during onsite review of facility

Interview Results:

The Superintendent and PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The interviews with the residents revealed they knew where to find contact information for outside support organizations. They reported they would be given the opportunity to contact the services when needed. Most were knowledgeable of Tennessee’s mandatory reporting law. They were confident they could see or talk with a lawyer and or a family member if needed.

Conclusion:

HCJDC provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing information for The Emmy Haney House Children’s Advocacy Center. They have an agreement with The Emmy Haney House Children’s Advocacy Center. The detention center does not accept persons detained solely for civil immigration purposes. HCJDC enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Residents are made aware of Tennessee’s mandatory reporting law. HCJDC provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians through phone calls, scheduled visits and special visits.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

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.

Standard 115.354

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Third-party Reporting: <http://www.hamiltontn.gov/courts/Juvenile/Default.aspx>
 - Department of Children Services Child Abuse Hotline at (877) 237-0004
 - <https://apps.tn.gov/carat/>
 - Hamilton County Juvenile Detention Center at (423) 209-5158
- Observations during onsite review of facility

PAQ Assertion:

The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents on its website.

Conclusion:

HCJDC policy states reports can be received verbally, in writing, anonymously, and from third parties. Before the onsite phase of the audit the agency had not established a method to receive third-party reports of sexual abuse and sexual harassment and had not distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Corrective Action (Completed):

Before the onsite phase of the audit the agency had not established a method to receive third-party reports of sexual abuse and sexual harassment and had not distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The facility completed this corrective action November 14, 2018. The detention center published three methods for third-party reporting on its website at: <http://www.hamiltontn.gov/courts/Juvenile/Default.aspx>. The publication states, "The Hamilton County Juvenile Detention Center has a zero-tolerance policy regarding sexual abuse. To report sexual abuse, call the Department of Children Services Child Abuse Hotline at (877) 237-0004 or contact online at <https://apps.tn.gov/carat/>. All allegations of sexual abuse are investigated by the Department of

Children's Services and Law Enforcement if indicated. You can also contact the Hamilton County Juvenile Detention Center directly at (423) 209-5158."

The auditor reviewed the website and verified these methods for third-party reporting are publicly available and determined the detention center exceeds this standard.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding third-party reporting. The facility has established several methods for third-party reporting. Corrective action has been completed.

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 the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- 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.

Standard 115.361

(a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 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.

(b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

(c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

(d)(1) Medical and mental health practitioners shall be 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.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

(e)(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

(f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Policy 1.11 Sexual or Physical Abuse Notification
- HCJDC Pre-Audit Questionnaire (PAQ)
- Tennessee Code Ann. § 37-1-605: Mandatory Reporting Law
- Interview Protocols
 - Superintendent or Designee
 - PREA Compliance Manager - N/A
 - Random Sample of Staff

- Mental Health Staff - N/A
- Medical Staff - contract
- Observations during onsite review of facility

Interview Results:

The Superintendent confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardian(s) as appropriate. This notification would occur as soon as possible upon the allegation being received. He confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted. All allegations of sexual abuse and sexual harassment are reported to DCS. The HCJDC does not conduct administrative or criminal investigations.

Staff interviewed confirmed they are required by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed revealed they would report to their immediate supervisor and the DCS Child Abuse Hotline.

The nurse contracted with Galen Medical Group confirmed she discloses the limitations of confidentiality and her duty to report at the initiation of services to a resident. She confirmed she is required by law to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it. She revealed she has not become aware of such incidents.

Conclusion:

HCJDC Policy requires staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy requires staff to follow Tennessee Code Ann. § 37-1-605: Mandatory Reporting Law.

Apart from reporting to designated supervisors or officials, all staff should only reveal information to those individuals who have a need-to-know in order to develop treatment plans investigate, or make other security and management decisions.

Medical and mental health practitioners are required to report sexual misconduct to designated supervisors and HCJDC officials, CPS, and local law enforcement if criminal in nature. They are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Supervisors will make appropriate notification to the on call administrator who will in turn notify the Court Administrator. The Supervisor will notify CPS. The facility staff shall notify the alleged victim's parents or legal guardians; unless there is official documentation showing the parents or legal guardians should not be notified. If the youth is under the custody of DCS, the caseworker shall be notified. If applicable, the youth's attorney or other legal representative of record shall be notified of the allegation within 14 days of receiving the allegation.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

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.

Standard 115.362

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Agency Head or Designee
 - Superintendent or Designee
 - Random Sample of Staff
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number the number of times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse in the past 12 months was zero (0).
- The facility reported, in the past 12 months, the amount of time passed before taking action, on average was not applicable.

- The facility reported, in the past 12 months, the longest time passed before taking action was not applicable.

Interview Results:

The Assistant Superintendent confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include separating the resident from potential risk and removing the abuser.

Staff interviewed confirmed they would immediately separate a potential victim from an abuser.

Conclusion:

HCJDC policy states if staff learns that a youth is subject to a substantial risk of imminent sexual misconduct, they shall take immediate action to protect the youth from further harm or threat. Also, if staff learns a youth poses a substantial risk of sexually abusing other youth in the facility, they shall take immediate action to protect other youth from further harm or threat.

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

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.

Standard 115.363

(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c) The agency shall document that it has provided such notification.

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Tennessee Family and Child Tracking System (TFACS)
- Interview Protocols
 - Agency Head or Designee
 - Superintendent or Designee
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of allegations the facility received that a resident was abused while confined at another facility in the past 12 months was zero (0).
- The facility reported the number of allegations of sexual abuse the facility received from other facilities in the past 12 months was zero (0).

Interview Results:

The Assistant Superintendent confirmed if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility, the head of the facility would be notified, and the allegation would be reported to DCS.

The Superintendent confirmed if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility, the head of the facility would be notified and the allegation would be reported to DCS.

Conclusion:

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Superintendent would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify CPS.

Interviews with the Assistant Superintendent and Superintendent revealed notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. HCJDC would document that it has provided such notification through the Tennessee Family and Child Tracking System (TFACS).

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

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.

Standard 115.364

(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Security Staff First Responders
 - Non-Security Staff First Responders
 - Random Sample of Staff
 - Residents who Reported a Sexual Abuse - none present
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of allegations that a resident was sexually abused in the past 12 months was zero (0).

Interview Results:

The Security Staff First Responders interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse.

Staff interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse. Staff interviewed stated they would report to the DCS Child Abuse Hotline. They said they would not share sensitive information with individuals not involved in an allegation.

Conclusion:

HCJDC policy includes the provisions of the standard. Staff are required to report all allegations to the Child Protective Services Hotline and their supervisor. The policy emphasizes the need to separate the alleged victim and abuser and reserve and protect any crime scene until law enforcement can collect any evidence. Staff interviews and the PAQ corroborated that if the abuse occurred within a time period that still allows for the collection of physical evidence, staff would request that the alleged victim not take any actions that could destroy physical evidence and ensure that the alleged abuser does not take any actions that could destroy physical evidence.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

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.

Standard 115.365

The facility shall develop 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 auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Supervisors PREA Checklist for Reporting
- Interview Protocol
 - Superintendent or Designee
- Observations during onsite review of facility

Interview Results:

The Superintendent confirmed HCJDC coordinates the actions among first responders, medical and mental health practitioners, investigators and facility leadership.

Conclusion:

The Supervisors PREA Checklist for Reporting serves as 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. Additionally, the HCJDC PREA Policy and Procedure lists actions taken in response to an incident of sexual abuse.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding a coordinated response. No corrective action is required.

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.

Standard 115.366

(a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocol
 - Agency Head or Designee
- Observations during onsite review of facility

Interview Results:

The Assistant Superintendent confirmed HCJDC has not entered or renewed any collective bargaining agreements.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding preservation of the ability to protect residents from contact with abusers. No corrective action is required.

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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes 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.

Standard 115.367

(a) The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

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

(c) For at least 90 days following a report of sexual abuse, the agency shall 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. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(d) In the case of residents, such monitoring shall also include periodic status checks.

(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Agency Head or Designee
 - Superintendent or Designee
 - Designated Staff Member Charged with Monitoring Retaliation - No isolation
 - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - None. No isolation
 - Residents who Reported a Sexual Abuse - none present
- Observations during onsite review of facility

PAQ Assertions:

- The agency has designated the PREA Coordinator with monitoring for possible retaliation.
- The facility reports it monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents until a juvenile's release from the detention center.
- The facility reported the number of times an incident of retaliation occurred in the past 12 months was zero (0).

Interview Results:

The Assistant Superintendent stated protective measures would include housing changes for residents and administrative leave for staff. The Superintendent stated protective measures would include closely monitoring the situation.

The PREA Coordinator is charged with monitoring retaliation. He stated he would monitor on a case-by-case basis, make housing changes as needed and staff would be placed on administrative leave. He stated monitoring conduct and treatment would continue until a youth is released from the detention center.

Conclusion:

Youth or staff who have reported sexual misconduct shall be provided protection against retaliation. Accommodations may include housing changes and removal of alleged staff or youth from contact with victims. Emotional support services for youth or staff who fear retaliation for reporting or cooperating with investigations will be available.

Following a report of sexual misconduct, the Facility Administrator or designee will monitor the conduct or treatment of youth or staff, or any other individual who reported the sexual misconduct and the victims to determine daily if retaliation is occurring. Items to be monitored include, but are not limited to, youth disciplinary reports, status checks, housing or program changes, negative performance reviews or reassignment of staff. The obligation to monitor terminates if the allegation is determined to be unfounded.

Due to the short duration of confinement, the PREA Coordinator stated retaliation would be monitored until a youth is released from the detention center.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

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.

Standard 115.368

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Superintendent or Designee
 - Staff who Supervise Residents in Isolation – No isolation
 - Medical Staff
 - Mental Health Staff - N/A
 - Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – None. No isolation
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero (0).

Interview Results:

The Superintendent confirmed HCJDC does not use of segregated housing. This was corroborated by the PAQ.

The nurse contracted with Galen Medical Group stated she has not observed isolation being used at the detention center.

Conclusion:

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of Prison Rape Elimination Act (PREA) Compliance Standard, Use of Screening. The auditor observed no use of segregated housing during the site review.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

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 entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes 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.

Standard 115.371

(a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

(b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

(e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(f) 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. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

(g) Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

(i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

(j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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.

(k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

(m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Superintendent or Designee
 - PREA Coordinator
 - PREA Compliance Manager - N/A
 - Investigative Staff - HCJDC does not have administrative or criminal investigators.
 - Residents who Reported a Sexual Abuse - None present
- Observations during onsite review of facility

PAQ Assertion:

The facility reported the number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero (0).

Interview Results:

The Superintendent confirmed the facility would remain informed about the progress of investigations by contacting outside investigative agencies on a daily basis. The PREA Coordinator reported he would initiate contact and stay in communication with outside investigative agencies.

Conclusion:

HCJDC does not conduct its own investigations into allegations of sexual abuse and sexual harassment. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, must be reported to designated investigators. Allegations of abuse are reported to the Tennessee Department of Children's Services and local law enforcement, if criminal in nature. Staff are trained on the policies and procedures related to the handling of sexual misconduct incidents and reports.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

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.

Standard 115.372

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocol
 - Investigators – HCJDC does not employ administrative or criminal investigators.

Conclusion:

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was corroborated by the PAQ.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding an evidentiary standard for administrative investigations. No corrective action is required.

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 an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes 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.

Standard 115.373

(a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the resident's unit;

(2) The staff member is no longer employed at the facility;

(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

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

(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications shall be documented.

(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Superintendent or Designee
 - Investigative Staff
 - Residents who Reported a Sexual Abuse - none present
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility in the past 12 months was zero (0).
- Of the investigations that were completed of alleged sexual abuse in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation is not applicable.
- The facility reported the number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero (0).
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation is not applicable.
- The facility reported the number of notifications to residents that were made pursuant to this standard in the past 12 months was zero (0).

Interview Results:

The Superintendent confirmed residents would be notified as required by the standard and HCJDC policy.

Conclusion:

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

HCJDC shall request the relevant information from the investigative agency in order to inform the resident. The PREA Coordinator completes a letter and provides it to a resident upon completion of an investigation.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the resident will be informed (unless the allegation is unfounded) whenever:

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

Following a resident's allegation that he or she has been sexually abused by another resident, the alleged victim will be informed whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented HCJDC's obligation to report shall terminate once resident is release from custody.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

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.

Standard 115.376

(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

(c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

(d) 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, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of staff from the facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).
- The facility reported the number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).
- The facility reported the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).
- The facility reported the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months was zero (0).

Conclusion:

Staff shall be subject to disciplinary action, up to and including termination, for violating HCJDC policies regarding sexual abuse and sexual harassment. Disciplinary sanctions shall be 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.

Termination is the presumptive disciplinary sanction for a staff member who commits sexual abuse. All terminations for violations of sexual abuse and sexual harassment policies, or resignations by staff who

would have been terminated, if potentially criminal, shall be reported to law enforcement agencies and to any relevant licensing bodies as appropriate.

The PREA Coordinator interview was corroborated with the PAQ. No staff have violated agency sexual abuse or sexual harassment policies in the 12 months preceding the audit.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

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.

Standard 115.377

(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC Pre-Audit Questionnaire (PAQ)
- PREA Acknowledgement of Volunteer/Contractor Training with Signatures
- Interview Protocol
 - Superintendent or Designee
- Observations during onsite review of facility

PAQ Assertion:

- The facility reported the number of contractors or volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months was zero (0).

Interview Results:

The Superintendent confirmed any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal. They would also be reported to relevant licensing bodies.

HCJDC would take appropriate remedial measures, such as prohibiting further contact with residents until an allegation of sexual abuse or sexual harassment has been fully investigated.

The interview with the Superintendent was corroborated with the PAQ.

Conclusion:

Contractors and volunteers are informed of the zero-tolerance policy and consequences for violating the policy through the PREA Acknowledgement of Volunteer/Contractor Training with Signatures.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding corrective actions for contractors and volunteers. No corrective action is required.

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)

- 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.

Standard 115.378

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

(b) 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 the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally 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.

(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions

as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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

(g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Superintendent or Designee
 - Medical Staff
 - Mental Health Staff - N/A
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility in the past 12 months was zero (0).
- The facility reported the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months was zero (0).
- The facility reported the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse in the past 12 months was zero (0).

Interview Results:

The Superintendent confirmed room detention may be used upon an administrative finding that a resident has engaged in resident-on-resident sexual abuse. Isolation would not be used as a disciplinary sanction. The nurse contracted with Galen Medical Group reported the facility does not use isolation.

Conclusion:

HCJDC does not use isolation. According to the PAQ, policy and the interview with the Superintendent, a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. 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. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions

as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. HCJDC prohibits all sexual activity between residents and may discipline residents for such activity. The detention center does not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

Auditor Suggestion:

It would be beneficial to staff and residents for the facility's PREA policy to reflect all of the provisions of this standard.

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.

Standard 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
- (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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
- (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.
- (d) Medical and mental health practitioners shall 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.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)

- Interview Protocols
 - Staff Responsible for Risk Screening
 - Medical Staff
 - Mental Health Staff - N/A
 - Residents who Disclose Sexual Victimization at Risk Screening – none present
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner in the past 12 months was zero (0).
- The facility reported the percent of residents who disclosed previously perpetrated sexual abuse, as indicated during screening who were offered a follow up meeting with a mental health practitioner in the past 12 months was zero (0).

Interview Results:

The PREA Coordinator confirmed follow-up meetings would be offered within 14 days for residents who have experienced prior sexual victimization or previously perpetrated sexual abuse. The nurse contracted with Galen Medical Group confirmed informed consent would be obtained before reporting about prior sexual victimization.

Conclusion:

HCJDC policy states if the youth discloses prior sexual victimization or staff, based on intake screening information, suspects or discovers the youth has perpetrated sexual abuse, whether it occurred in a facility setting or in the community, then staff shall ensure the youth is referred for medical and mental health services within 14 days of the screening. The PREA Coordinator reported all prior sexual victimization and prior perpetration of sexual abuse would be reported to Child Protective Services upon learning of the abuse.

Staff shall ensure that any report of sexual abuse obtained during screening that has not been previously reported is immediately reported to CPS, Department of Children Services (DCS) Child Abuse and local law enforcement.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

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.

Standard 115.382

(a) Resident victims of sexual abuse shall 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.

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

(c) Resident victims of sexual abuse while incarcerated shall be 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.

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- The Emmy Haney House Children’s Advocacy Center: cachc.org
5705 Uptain Road, Suite C, Chattanooga, TN 37411
(423) 266-6918
Email: info@cachc.org
- Interview Protocols
 - Medical Staff
 - Mental Health Staff –N/A
 - Residents who Reported a Sexual Abuse – none present
 - Security Staff First Responders
 - Non-Security Staff First Responders
- Observations during onsite review of facility

Interview Results:

The staff member interviewed as a first responder could identify the measures they would take to protect a victim of sexual abuse.

The nurse contracted with Galen Medical group confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from The Emmy Haney House Children’s Advocacy Center. She confirmed that evaluation and treatment of residents who have been victimized would entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

The auditor contacted The Emmy Haney House Children’s Advocacy Center and confirmed resident victims of sexual abuse, while incarcerated, shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis.

Conclusion:

Youth victims of sexual abuse shall receive timely, unimpeded access to on-site and off-site 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. The Emmy Haney House Children’s Advocacy Center offers 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. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This information was corroborated with the PAQ, interviews, and contact with The Emmy Haney House Children’s Advocacy Center.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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.) 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.) 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.

Standard 115.383

(a) The facility shall 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.

(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

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

(f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h) The facility shall 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.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Youth Villages
6236 Airpark Drive, Suite A
Chattanooga, Tennessee 37404
(423) 954-8890
www.youthvillages.org
- MOU - Mental Health Cooperative
80 North Holtzclaw Avenue, Suite 101
Chattanooga, Tennessee 37404
(423) 697-5950
www.mhc-tn.org
- The Emmy Haney House Children's Advocacy Center: cachc.org
5705 Uptain Road, Suite C, Chattanooga, TN 37411
(423) 266-6918
Email: info@cachc.org
- Interview Protocols
 - Medical Staff
 - Mental Health Staff
 - Residents who Reported a Sexual Abuse – None present
- Observations during onsite review of facility

Interview Results:

The Emmy Haney House Children's Advocacy Center confirmed residents who have been victimized would be offered follow-up care.

The nurse with Galen Medical Group stated she feels the medical and mental health services are consistent with the community level of care. Resident-on-resident abusers would receive an evaluation and treatment if appropriate by the Mental Health Cooperative. She also confirmed victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Conclusion:

HCJDC has an MOU with the Mental Health Cooperative for therapy services and necessary follow-up services in response to requests made under the PREA standards. Youth Villages is also available to provide counselling services. The Emmy Haney House Children's Advocacy Center has agreed to provide victim advocacy and all medically related services.

HCJDC shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. The evaluation and treatment shall include, as appropriate,

follow-up services, treatment plans, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.

Pregnancy tests shall be offered to victims if appropriate based on the nature of the abuse. If pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

HCJDC policy states if a youth discloses a youth-on-youth abuse or victimization, the program shall make an immediate referral to mental health for a crisis assessment and mental health practitioner will attempt to conduct a mental health evaluation within 60 days of referral of such abuse history and offer treatment when deemed appropriate.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

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.

Standard 115.386

(a) The facility shall 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.

(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

(c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

(d) The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Superintendent or Designee
 - PREA Compliance Manager - N/A
 - Incident Review Team
- Observations during onsite review of facility

PAQ Assertions:

- The facility reported the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility; excluding only unfounded incidents in the past 12 months was zero (0).
- The facility reported the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents in the past 12 months was zero (0).

Interview Results:

The Superintendent and PREA Coordinator confirmed HCJDC has a sexual abuse incident review team. The team would include input from line supervisors, investigators, and medical and/or mental health practitioners. They stated the team would use information from the incident reviews to identify problem areas and make changes as needed. They confirmed all motivating factors would be

considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be considered.

The PREA Coordinator confirmed he is a part of the PREA Incident Review Team. Incident review reports would include any recommendations for improvement.

Conclusion:

HCJDC conducts a sexual misconduct incident review at the conclusion of every sexual misconduct investigation or administrative review, including those where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Reviews shall ordinarily be conducted within 30 days of the conclusion of the investigation.

The review shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual misconduct;
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts; and
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;

The facility prepares a report of its findings and any recommendations for improvement and submits the report to PREA Coordinator. Recommendations for improvement from the report shall be implemented, or justification provided for not implementing said recommendations.

Interviews with the Superintendent and PREA Coordinator and the PAQ corroborated the detention center would hold incident reviews in accordance with HCJDC policy and the standard provisions.

HCJDC had five (5) unfounded incidents of staff-on-youth sexual harassment and no incidents of sexual abuse during the 12 months preceding the audit.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

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.

Standard 115.387

(a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

(b) The agency shall aggregate the incident-based sexual abuse data at least annually.

(c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

(d) 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.

(e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Observations during onsite review of facility

Conclusion:

HCJDC shall collect accurate, uniform information regarding every allegation of sexual abuse using a standardized instrument, the Survey of Sexual Victimization - Incident Form (Juvenile). The detention center had not aggregated incident-based sexual abuse data annually. The data was aggregated for 2018 as part of a corrective action.

HCJDC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Upon request, HCJDC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The Department of Justice has not required HCJDC to submit the Survey of Sexual Victimization for Locally or Privately-Operated Juvenile Facilities Summary.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data collection. Corrective action was required.

Corrective Action (Completed):

HCJDC has not aggregated incident-based sexual abuse data annually. The facility agreed to compile a report for all 2018 allegations by December 31, 2018. This report was required to be published on the detention center's website.

The facility completed annual reports for 2017 and 2018. The reports were published on the facility's website January 4, 2019. The auditor reviewed the reports published on the facility's website for verification.

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.

Standard 115.388

(a) The agency shall 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:

(1) Identifying problem areas;

(2) Taking corrective action on an ongoing basis; and

(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

(c) The agency's report shall be 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.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Interview Protocols
 - Agency Head or Designee
 - PREA Coordinator
 - PREA Compliance Manager - N/A
- Observations during onsite review of facility

Interview Results:

The Assistant Superintendent and PREA Coordinator confirmed HCJDC would use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training by identifying problem areas and taking corrective actions. All identifying information would be redacted from reports.

Conclusion:

The PREA Coordinator will review data collected and aggregated in order to assess and improve the effectiveness of the detention center's sexual misconduct prevention, detection, and response policies, practices, and training.

HCJDC will prepare an annual report of sexual misconduct incidents, findings, and corrective actions. The report will include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual misconduct. The report will be reviewed and approved by the agency head and be made readily available to the public through its website. Information that may present a clear and specific threat to the safety and security of a facility may be redacted, but must indicate the nature of the information redacted.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data review for corrective action. Corrective action was required.

Corrective Action (Completed):

HCJDC has not prepared an annual report with the stand requirements. The PREA coordinator stated a report will be completed for 2018 and completed by the end of the year. The facility agreed to publish the annual report on the detention center's website by December 31, 2018.

The facility completed annual reports for 2017 and 2018. The reports were published on the facility's website January 4, 2019. The auditor reviewed the reports published on the facility's website for verification.

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.

Standard 115.389

(a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

(b) The agency shall 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.

(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

(d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC PREA Policy and Procedure
- HCJDC Pre-Audit Questionnaire (PAQ)
- Observations during onsite review of facility

Conclusion:

The auditor observed the data collected was securely retained in a file cabinet in the main control room. The control room is locked and only accessible by supervisory staff. HCJDC had not made all aggregated sexual abuse data readily available to the public at least annually through its website. This data is scheduled to be made available and published on the detention center's website by December 31, 2018. The PREA Coordinator stated no personal identifiers would be included in the published data. The policy and PAQ state all data collected will be maintained for at least 10 years after the date of the initial collection.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding data storage, publication, and destruction. Corrective action was required.

Corrective Action (Completed):

HCJDC had not previously made all aggregated sexual abuse data readily available to the public at least annually through its website. This data was scheduled to be made available and published on the detention center's website by December 31, 2018.

The facility published the data on its website December 18, 2018. The auditor reviewed the information published in the facility's website for verification.

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 inmates, residents, and detainees? 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.

Standard 115.401

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

- (e) The agency shall bear the burden of demonstrating compliance with the standards.
- (f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.
- (g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.
- (h) The auditor shall have access to, and shall observe, all areas of the audited facilities.
- (i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).
- (j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.
- (k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.
- (l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watch tour) that may be relevant to the provisions being audited.
- (m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.
- (n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.
- (o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC Pre-Audit Questionnaire
- Interviews
- Research
- Policy Review
- Document Review
- Observations during onsite review of facility

Conclusion:

This is the second year of the current audit cycle. HCJDC is a single entity facility. The auditor had access to, and observed, all areas of the facility. The auditor requested, received copies of any relevant documents, and will receive and review all documents associated with corrective actions. The auditor has retained and preserve all documentation relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor shall interview all nine (9) residents, twelve (12) direct care staff, supervisors, and administrators. All of the interviews were held in a room that provided privacy. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The audit notice was posted August 13, 2018. The audit notice was posted on pink paper with a large font and easy-to-read language. The audit notices were placed throughout the facility, in places visible to all residents and staff, including visiting areas, housing units, and recreational spaces. Pictures of the posted audit notices were emailed to the auditor on August 14, 2018 for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

The auditor communicated with The Emmy Haney House Children's Advocacy Center The Center confirmed a qualified victim advocate and a pediatric nurse examiner (SANE) would be made available for victims of sexual assault.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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.

Standard 115.403

(a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

(b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

(c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

(d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.

(e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

(f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

The auditor gathered, analyzed and retained the following evidence related to this standard:

- HCJDC Pre-Audit Questionnaire (PAQ)
- Policy Review
- Documentation Review
- Interviews
- Observations during onsite review of facility

Conclusion:

HCJDC has not previously been audited for PREA compliance.

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is compliant with this standard regarding audit contents and findings. No corrective action is required.

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.

Robert B. Latham

January 16, 2019

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.