

PREA Facility Audit Report: Final

Name of Facility: Hamilton County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 03/03/2022

Date Final Report Submitted: 08/27/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 08/27/2022

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	01/13/2022
End Date of On-Site Audit:	01/14/2022

FACILITY INFORMATION	
Facility name:	Hamilton County Juvenile Detention Center
Facility physical address:	1600 E 3rd St, Chattanooga, Tennessee - 37404
Facility mailing address:	

Primary Contact

Name:	Drew Cullum
Email Address:	Andrewc@hamiltontn.gov
Telephone Number:	4232095163

Superintendent/Director/Administrator	
Name:	Charles Chesire
Email Address:	cchesire@hamiltontn.gov
Telephone Number:	423-209-5161

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	One to One
Email Address:	N/A
Telephone Number:	423-2096070

Facility Characteristics	
Designed facility capacity:	26
Current population of facility:	14
Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	12-17
Facility security levels/resident custody levels:	secure
Number of staff currently employed at the facility who may have contact with residents:	28
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	12
Number of volunteers who have contact with residents, currently authorized to enter the facility:	60

AGENCY INFORMATION	
Name of agency:	Hamilton County Juvenile Court
Governing authority or parent agency (if applicable):	
Physical Address:	1600 E 3rd St, Chattanooga, Tennessee - 37404
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Drew Cullum	Email Address:	Andrewc@hamiltontn.gov

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-01-13
2. End date of the onsite portion of the audit:	2022-01-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<ol style="list-style-type: none">1. Just Detention International2. Tennessee Department of Children's Services3. Emmy Haney House Children's Advocacy Center4. Partnership for Families, Children and Adults

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	26
15. Average daily population for the past 12 months:	9
16. Number of inmate/resident/detainee housing units:	3

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>3</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	28
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	60
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	3

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>All residents were interviewed.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>3</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, ethnicity, and languages spoken were considered.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment allegations.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC Policy and Procedures: PREA 2. HCJDC Organizational Chart 3. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.311 (a)</p> <p>PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under</p>

contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

HCJDC has a comprehensive PREA Policy. The facility mandates a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. HCJDC policy address prevention of sexual abuse and sexual harassment through the designations of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policy addresses detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policy addresses responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

HCJDC employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is identified on the HCJDC organizational chart as the Training Officer. He confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the detention center.

115.311 (c)

There is no PREA Compliance Manager.

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 requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.312 (a)</p> <p>PAQ: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit.</p> <p>HCJDC does not contract for the confinement of its residents with private agencies or other entities including other government agencies.</p> <p>115.312 (b)</p> <p>HCJDC does not contract for the confinement of its residents with private agencies or other entities including other government agencies.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>

<p>115.313</p>	<p>Supervision and monitoring</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. Staffing Plan Assessments: 2019, 2020, and 2021 3. Ratio Report: Documented Deviation 4. Unannounced Rounds 5. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Staffing Plan (June 9, 2022) 2. Unannounced Rounds Directive (June 9, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent

2. PREA Coordinator
3. Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during onsite review of facility

115.313 (a)

PAQ: Since the last PREA audit:

1. The average daily number of residents: 10
2. The average daily number of residents on which the staffing plan was predicated: 26

HCJDC PREA Policy (pg. 8) states staffing plans are established for each individual residential and detention center facilities. These plans provide for adequate levels of staffing, and, where applicable, video monitoring, to protect youth against sexual misconduct.

As part of corrective action, the facility developed a PREA compliant staffing plan (June 9, 2022). The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements.

The Superintendent and PREA Coordinator confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan 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 (including "blind spots" or areas where staff or residents may be isolated); 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.

115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

HCJDC PREA Policy (pg. 8) states staffing ratios are to be adhered to except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The Superintendent confirmed the facility maintains appropriate staffing ratios. The staffing plan indicates deviations from the plan would be recorded in the PREA log.

115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16

during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 1
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

HCJDC PREA Policy (pg. 8) states overall supervision and monitoring staffing ratio requirements are established by Standard 115.313 for each facility, minimum 1:8 waking and 1:16 sleeping.

The Superintendent confirmed all deviations would be documented. The documentation would include explanations for noncompliance.

The auditor reviewed one documented deviation from the staffing plan during resident waking hours. The report states there were 2 staff supervising 17 male residents. The PAQ lists COVID-19 as the reason for the deviation.

PREA Site Review:

During the onsite tour of the facility the auditor observed the boys wing was compliant with required staffing ratios. On the first day of the audit the auditor observed 1 to 2 staff supervising 3 boys. During the second day the population grew to 7 boys and the ratio remained compliant.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

HCJDC PREA Policy (pg. 8) states at a minimum of once a year, the HCJDC PREA Coordinator or designee in consultation with Department program area staff, shall assess, determine, and document whether adjustments are needed to: (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies; and 4) the resources the facilities have available to commit to ensure adherence to the staffing plan.

The PREA Coordinator confirmed he is consulted regarding any assessments of, or adjustments to, the staffing plan. He confirmed the assessment occurs annually and is documented through the Facility Staffing Plan Assessment.

The auditor reviewed the 2019, 2020, and 2021 Staffing Plan Assessments for verification they are inclusive of the standard provision requirements.

	<p>115.313 (e) PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.</p> <p>HCJDC PREA Policy (pg. 8) states supervisors in detention shall conduct and document unannounced rounds to identify and deter staff sexual misconduct at least once a week. These rounds shall also be conducted during day and night shift hours.</p> <p>Staff is prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.</p> <p>An interview with the PREA Coordinator confirmed he conducts unannounced rounds. They are conducted on all shifts, and he stated he doesn't inform staff that they are occurring. He documents them on the Unannounced Rounds Log.</p> <p>The auditor reviewed documentation showing that unannounced rounds are occurring. The facility records the unannounced rounds on a log. As part of corrective action, the PREA Coordinator issued a directive requiring the unannounced rounds are properly documented</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.</p> <p>Conclusion and Corrective Action: 115.315 (a) The facility developed a PREA compliant staffing plan (June 9, 2022). 115.313 (e) The facility provided a plan for documenting unannounced rounds (June 9, 2022).</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Policy 3.2: Unclothed Search in Housing Area for New Residents

3. HCJDC Pre-Audit Questionnaire (PAQ)

Documents (Corrective Action):

1. Training Records: Searches (June 9, 2022)

Interviews:

1. Random Sample of Staff
2. Random sample of Residents
3. Transgender or Intersex Residents

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.315 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0
2. 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: 0

HCJDC PREA Policy (pg. 9) states staff shall not conduct cross-gender (opposite sex) strip searches. All visual body cavity searches must be conducted in accordance with Policy and Procedures 3.2.

115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of residents: 0
2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0

HCJDC PREA Policy (pg. 9) states staff shall not conduct cross-gender pat-down searches.

The five residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.

115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches are not permitted. No such searches occurred in the past 12 months.

115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

HCJDC PREA Policy (pg. 9) states 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.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All five residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in the privacy of an individual shower stalls with shower curtains. The boys wing has 2 shower stalls and the girls wing has 1 shower stall. The auditor observed staff announcing their presence prior to entering a living unit where residents of the opposite gender are housed.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero such searches occurred in the past 12 months.

HCJDC PREA Policy (pg. 9) states staff shall 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.

No transgender or intersex residents were present.

	<p>Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile’s genital status.</p> <p>115.315 (f) The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%</p> <p>Staff interviewed revealed staff needed training on how to conduct cross-gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. As part of corrective action the facility provided the required training documents (June 9, 222). The auditor observed that 18 staff received the training.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete.</p> <p>115.315 (f) Training on conducting searches was conducted and training records were provided to the auditor for verification the training has been completed (June 9, 2022).</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. LanguageLine Solutions https://www.languageline.com/ (888) 808-9008 3. PREA Orientation Video (English and Spanish) 4. PREA Youth Pamphlets (English and Spanish) 5. Youth PREA Posters - “No Means No” (English and Spanish) 6. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Disabilities Statement (June 9, 2022) <p>Interviews:</p>

1. Agency Head or Designee (PREA Coordinator)
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient)

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.316 (a)

PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

HCJDC PREA Policy (pg. 11) states facilities must ensure 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 Department's efforts to prevent, detect, and respond to sexual misconduct.

The PREA Coordinator confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Written materials are available for residents who are deaf or hard of hearing.

Information is explained to residents who have intellectual, developmental, psychiatric in a manner they can comprehend and understand. The PREA Coordinator stated the intake officer asks the residents to read the first line of the pamphlet. If they are unable to read the information or have difficulty understanding the information, then staff read the pamphlet to them. Residents sign that they understand the information.

As part of corrective action, the facility provided a statement that the facility would not fold a blind resident for safety considerations but would seek immediate judicial intervention for an alternate placement.

No residents with disabilities were present.

115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

HCJDC PREA Policy (pg. 11) states the facility must also ensure 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.

HCJDC uses LanguageLine Solutions for interpreting services.

There were no limited English proficient residents present.

PREA Site Review:

The auditor observed the PREA orientation video, PREA youth pamphlets, and PREA posters are available in English and Spanish. Posters are located in intake, the housing units, as well as other areas of the facility.

115.316 (c)

PAQ: Agency policy prohibits use of 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 agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of 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: 0

HCJDC PREA Policy (pg. 11) states the facility may 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.

Staff interviews confirmed the agency would use a language service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

There were no limited English proficient residents or residents with disabilities present.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Corrective action is complete.

115.316 (b) The facility provided a statement clarifying, that due to safety considerations, they would not confine residents who are blind (June 9, 2022).

115.317	Hiring and promotion decisions
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1289 412">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 427 472 461">Documents:</p> <ol data-bbox="280 468 1244 669" style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. Criminal Background Records Checks for Staff and Contractors 3. Child Protective Services History Checks for Staff and Contractors 4. Questions About Previous Misconduct for New Hires 5. HCJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="280 707 780 741">Documents (Corrective Action):</p> <ol data-bbox="280 748 1445 949" style="list-style-type: none"> 1. Questions About Previous Misconduct for Reviews Of Current Employees (March 29, 2022) 2. CS-0741 Tennessee Department of Children’s Services Database Search Results (March 29, 2022) 3. Consideration of incidents of sexual harassment (July 26, 2022) <p data-bbox="280 987 459 1021">Interviews:</p> <ol data-bbox="280 1028 1190 1061" style="list-style-type: none"> 1. Administrative (Human Resources) Staff via PREA Coordinator <p data-bbox="280 1099 660 1133">Findings (By Provision):</p> <p data-bbox="280 1140 464 1173">115.317 (a)</p> <p data-bbox="280 1180 1477 1303">PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol data-bbox="280 1310 1468 1599" style="list-style-type: none"> 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. <p data-bbox="280 1637 1430 1704">HCJDC PREA Policy (pg. 17) states the detention center does not hire, promote or contract with anyone who:</p> <ol data-bbox="280 1711 1468 2000" style="list-style-type: none"> a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile, facility, or other institution b. 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 c. Has been civilly or administratively adjudicated to have engaged in the activity described in ii above. <p data-bbox="280 2038 1465 2072">The auditor requested the Questions About Previous Misconduct for 7 persons hired</p>

in the 12 months preceding the audit. As part of corrective action, the documents were provided to the auditor for review (March 29, 2022).

115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

HCJDC PREA Policy (pg. 17) states the detention center shall consider any substantiated incidents of sexual harassment in determining whether to hire, promote, or contract with anyone.

The HR staff stated the department considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

As part of corrective action, the facility added a question about incidents of sexual harassment to the Questions About Previous Misconduct form (July 26, 2022).

115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 7
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

HCJDC PREA Policy (pg. 17) states the detention center performs a background check prior to hiring any new staff. The Detention Center will make best efforts to contact all prior PREA regulated employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions.

The auditor reviewed records of background checks of 7 personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision. The auditor requested the Tennessee Department of Children Services Database Search results. As part of corrective action, the facility provided the search results (March 29, 2022)

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. 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: 0
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions.

The auditor reviewed records of background checks of contractors who might have contact with residents for verification they are conducted in compliance with the standard provision.

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

HCJDC PREA Policy (pg. 17) states background checks shall be conducted every five years for staff.

The interview with the HR staff and PREA Coordinator revealed criminal background records checks were not conducted at least every five years for current employees and contractors.

The facility provided current background checks of staff (February 22, 2022).

115.317 (f)

HCJDC PREA Policy (pg. 17) states the detention center does not hire, promote or contract with anyone who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile, facility, or other institution
- b. 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
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in ii above.

Staff being considered for promotion shall disclose any sexual misconduct.

Policy is silent on the three questions about previous misconduct being asked during interviews or written self-evaluations conducted as part of reviews of current employees.

The auditor requested the Questions About Previous Misconduct for 7 persons hired in the 12 months preceding the audit. As part of corrective action, the documents were provided to the auditor for review (March 29, 2022).

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

HCJDC PREA Policy (pg. 17) states staff being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

115.317 (h)

HCJDC PREA Policy (pg. 17) states unless prohibited by law the Detention Center shall provide 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.

The HR staff confirmed statute allows for a facility to 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.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.

115.317 (a)

- Questions about previous misconduct for reviews of current employees was completed March 29, 2022.
- CS-0741 Tennessee Department of Children’s Services Database Search Results for employees and contracted staff completed March 29, 2022.

115.317 (b)

The facility added a question about incidents of sexual harassment to the Questions About Previous Misconduct form (July 26, 2022).

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. HCJDC PREA Policy and Procedures
2. HCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head or Designee (PREA Coordinator)
2. Superintendent or Designee

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.318 (a)

PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

The main control center was remodeled/upgraded. There was also a wall constructed to separate one pod into two in order to separate boys and girls onto two different units.

The Superintendent and PREA Coordinator confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

115.318 (b)

PAQ: The agency or facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

The Superintendent and PREA Coordinator confirmed 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.

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.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. HCJDC PREA Policy and Procedures
2. HCJDC PREA Policy Addendum: Investigations
3. DCS Policy 14.25: Special Child Protective Services Investigations
4. The Emmy Haney House Children’s Advocacy Center: cachc.org
5705 Uptain Road, Suite C, Chattanooga, TN 37411
Phone: (423) 266-6918
Email: info@cachc.org
5. HCJDC Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. Email: MOU Attempt (July 28, 2022)

Interviews:

1. Agency Head or Designee
2. PREA Coordinator
3. Random Sample of Staff
4. SAFEs/SANEs
5. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.321 (a) and (b)

PAQ: The facility is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

HCJDC is not responsible for conducting administrative or criminal sexual abuse investigations. Administrative investigations are conducted by DCS and criminal investigations are conducted by local law enforcement.

Staff interviews confirmed they are knowledgeable of the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that DCS and the Hamilton County Sheriff’s Office are responsible for conducting sexual abuse investigations.

115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

1. The number of forensic medical exams conducted: 0

2. The number of exams performed by SANEs/SAFEs: 0

3. The number of exams performed by a qualified medical practitioner: 0

The auditor contacted the Emmy Haney House Children's Advocacy Center. Services would be available to resident victims of sexual abuse at the Hamilton County Juvenile Detention Center.

Forensic medical examinations are conducted at the Emmy Haney House Children's Advocacy Center. 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.

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.

The Emmy Haney House is the only children's advocacy center in the state of Tennessee with a full-time Sexual Assault Nurse Practitioner on site.

As part of corrective action, the facility provided documentation of attempts to develop a MOU (July 28, 2022).

115.321 (d) and (e)

(d) PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

(e) PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

	<p>Victim advocates are available from the Emmy Haney House Children’s Advocacy Center. Therapists have very specialized training in trauma-focused cognitive-behavioral therapy for children. They provide direct assessment, therapy, and support services. Therapists are specially trained to deal with the intricate problems relating to child victimization. Children who are referred for therapy may come as long as necessary. Services are provided at no cost to clients for as long as services are needed.</p> <p>The auditor contacted a victim advocate at the Emmy Haney House Children’s Advocacy Center and was told that if requested by the facility, they would provide victim advocacy services to a victim of sex abuse. Services would be provided at no cost to the victim.</p> <p>As part of corrective action, the facility provided documentation of attempts to develop a MOU (July 28, 2022).</p> <p>115.321 (f) PAQ: HCJDC is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations. DCS policy outlines they are the responsible agency, and they follow the requirements of paragraphs §115.321 (a) through (e) of the standards.</p> <p>The auditor reviewed DCS Policy 14.25: Special Child Protective Services Investigations. An addendum to the HCJDC PREA Policy regarding Investigations states all allegations for sexual abuse/assault/harassment shall be investigated by Child Protective Services and the Hamilton County Sheriff’s Office.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. Corrective action is complete.</p> <p>115.321 (d) The facility provided documentation of attempts to develop a MOU (July 28, 2022).</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC PREA Policy Addendum: Investigations 3. DCS Policy 14.25: Special Child Protective Services Investigations

4. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
5. HCJDC Website Publication
6. DCS Website Publication
7. HCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head or Designee (PREA Coordinator)
2. Investigative Staff (DCS)

Findings (By Provision):

115.322 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: 2
2. The number of allegations resulting in an administrative investigation: 0
3. The number of allegations referred for criminal investigation: 0

Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

HCJDC PREA Policy Addendum: Investigations (pg. 1) states all allegations for sexual abuse/assault/harassment shall be investigated by Child Protective Services and the Hamilton County Sheriff's Office.

The PREA Coordinator confirmed the detention center ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

The auditor reviewed two allegations that DCS screened out.

115.322 (b)

The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

HCJDC has HCJDC PREA Policy Addendum: Investigations published on the website: <https://www.hamiltontn.gov/Courts.aspx>

HCJDC PREA Policy Addendum: Investigations (pg. 1) states all allegations for sexual abuse/assault/harassment shall be investigated by Child Protective Services and the Hamilton County Sheriff's Office. The agency will notify the Hamilton County Sheriff's Office of any allegation of sexual abuse that may involve potentially criminal behavior.

Additionally, the Tennessee Department of Children's Services (DCS) has policies governing the conduct of sexual abuse and sexual harassment investigations. The

auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations and DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA for verification. DCS Policy 14.25 Special Child Protective Services Investigations is published at: <https://files.dcs.tn.gov/policies/chap14/14.25.pdf>.

115.322 (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.

HCJDC PREA Policy Addendum: Investigations (pg. 1) describes the responsibilities of both the detention center and the investigating entities.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. PREA Staff Training Outline 3. Staff Training Records with Signatures 4. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Staff training logs (June 9, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff <p>Findings (By Provision):</p> <p>115.331 (a)</p> <p>PAQ: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p>HCJDC PREA Policy (pg. 17) states all Hamilton County Juvenile Detention employees must complete training on the agency zero-tolerance of sexual misconduct outlined in this policy.</p>

The auditor reviewed PREA training logs and PREA Staff Training Outline. The training outline includes the eleven required training topics. The detention center trains 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.

Staff interviewed reported receiving the training topics annually. The auditor requested staff training logs. As part of corrective action, the 2021 training log for 18 staff was received and reviewed by the auditor (June 9, 2022).

115.331 (b)

PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Hamilton County Juvenile Detention Center houses male and female residents.

115.331 (c)

PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually

HCJDC PREA Policy (pg. 17) states each employee is required to take refresher training every two years.

The auditor reviewed the training curricula. As part of corrective action, the 2021 training log for 18 staff was received and reviewed by the auditor (June 9, 2022).

115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or

	<p>electronic verification.</p> <p>HCJDC PREA Policy (pg. 17) states the detention center will document, through employee signature that employees understand the training they have received.</p> <p>As part of corrective action, the 2021 training log for 18 staff was received and reviewed by the auditor (June 9, 2022). Staff sign that they have received training.</p> <p>Conclusion Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. Corrective action is complete.</p> <p>115.331 (a-d) The 2021 training log for 18 staff was received and reviewed by the auditor (June 9, 2022).</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. PREA Acknowledgement of Volunteer/Contractor Training with Signatures 3. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteers or Contractors who have Contact with Residents <p>Findings (By Provision): 115.332 (a) PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>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: 12</p> <p>HCJDC PREA Policy (pg. 17) states all volunteers and contracted providers in residential and detention facilities must be trained on their responsibilities under the department’s sexual misconduct prevention, detection, and response policy and procedures.</p> <p>The auditor reviewed the PREA Acknowledgement of Volunteer/Contractor Training</p>

and found it to be inclusive of the training requirements.

115.332 (b)

PAQ: 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.

HCJDC PREA Policy (pg. 17) states the level and type of training provided to volunteers and contracted provider staff in detention facilities is based on the service they provide and level of contact they have with youth, but all volunteers and contractor staff who have contact with youth shall, at a minimum, be notified of the department's zero-tolerance policy regarding sexual misconduct and be informed on how to report such incidents.

115.332 (c)

PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

HCJDC PREA Policy (pg. 18) requires that upon completion of PREA training, individuals will sign and date the form provided as part of the course, including a witness signature.

The auditor reviewed PREA Acknowledgement of Volunteer/Contractor Training for ten individuals trained in 2020 and 2021.

Conclusion:

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

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none">1. HCJDC PREA Policy and Procedures2. LanguageLine Solutions https://www.language.com/ (888) 808-90083. PREA Orientation Video (English and Spanish)4. PREA Youth Pamphlets (English and Spanish)

5. Youth PREA Posters - "No Means No" (English and Spanish)
6. Signed Acknowledgement Forms: Youth PREA Education
7. HCJDC Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. Disabilities Statement (June 9, 2022)

Interviews:

1. Intake Staff
2. Random Sample of Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.333 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.

Of residents admitted during the past 12 months, the number who were given this information at intake: 725

HCJDC PREA Policy (pg. 18) states 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.

During the onsite phase of the audit the auditor observed intake. The intake officer provided information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment through pamphlets. Youth sign an acknowledgment form.

The auditor reviewed 15 signed acknowledgement forms for youth PREA education for the 3 youth interviewed and examples for the 12 month audit period. The documentation does not indicate the admission date. Documenting that the information is received at time of intake is addressed with the new screening instrument. The screening instrument indicates program entry date.

115.333 (b)

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 476

HCJDC PREA Policy (pg. 18) states 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.

Four of the five residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual

harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education, during intake. The fifth resident arrived late at night on the first day of the onsite phase of the audit. He had not completed intake prior to being interviewed.

Residents sign an acknowledgment form. The auditor reviewed 15 signed acknowledgement forms for youth PREA education for the 3 youth interviewed and examples for the 12-month audit period. The documentation does not indicate the admission date. Documenting the 72-hour time frame is addressed with the new screening instrument. The screening instrument indicates program entry date.

115.333 (c)

PAQ: All residents were educated within 10 days of intake.

Residents are not transferred to HCJDC from other facilities.

115.333 (d)

PAQ: 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.

HCJDC PREA Policy (pg. 18) states 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.

Written materials are available for residents who are deaf or hard of hearing.

Information is explained to residents who have intellectual, developmental, psychiatric in a manner they can comprehend and understand. The PREA Coordinator stated the intake officer asks the residents to read the first line of the pamphlet. If they are unable to read the information or have difficulty understanding the information, then staff read the pamphlet to them. Residents sign that they understand the information.

As part of corrective action, the facility provided a statement that the facility would not fold a blind resident for safety considerations but would seek immediate judicial intervention for an alternate placement.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

HCJDC PREA Policy (pg. 18) states the department will retain documentation of youth participation in PREA training classes.

Residents sign an acknowledgment form. The auditor reviewed 15 signed acknowledgement forms for youth PREA education for the 3 youth interviewed and examples for the 12-month audit period.

115.333 (f)

	<p>PAQ: The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>HCJDC PREA Policy (pg. 18) states refresher information will be readily available to all youth at all facilities.</p> <p>The auditor observed there are “No Means No” posters (English and Spanish), and outside support services posters posted throughout the facility that contain information about PREA, including how to report sexual abuse and sexual harassment, as well as a toll-free hotline phone number. Also, the youth have access to PREA pamphlets.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. Corrective action is complete.</p> <p>115.333 (d) The facility provided a statement clarifying, that due to safety considerations, they would not confine residents who are blind (June 9, 2022).</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. DCS Policy 5.2 Professional Development and Training Requirements 3. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 4. DCS Special Investigators Unit Training Curriculum 5. Required Training Chart for all DCS Staff 6. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff (DCS investigator) <p>Findings (By Provision):</p> <p>115.334 (a) PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p>

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Administrative investigations are conducted by DCS and criminal investigations are conducted by local law enforcement, the Hamilton County Sheriff's Department.

DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Special Investigators Unit Training Curriculum includes:

1. What is PREA?;
2. Confined Settings and Sexual Abuse Investigations;
3. Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting;
4. Gathering Information during a Sexual Abuse Investigation in a Confined Setting;
5. Conducting a Sexual Abuse Investigation within a Confined Setting;
6. Interviewing Juvenile Sexual Abuse Victims;
7. Sexual Abuse Evidence Collection in Confinement Settings;
8. False Allegations;
9. Recanting Information;
10. Witnessing Sexual Abuse;
11. Substantiating a Case for Prosecution Referral;
12. Miranda Warning; and
13. Garrity Warning

An interview with a DCS investigator confirmed receipt of general and specialized training.

115.334 (b)

Specialized training includes 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.

An interview with a DCS investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She stated she received the training required by § 115.331 and specialized training topics. The auditor reviewed training records for verification.

115.334 (c)

PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: N/A

Conclusion:

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

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. PREA Staff Training Outline 3. Staff Training Records with Signatures 4. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. PREA Policy 115.335: Specialized Training for Medical and Mental Health Care (updated February 23, 2022) 2. Documented Receipt of Training (May 9, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health Staff <p>Findings (By Provision):</p> <p>115.335 (a)</p> <p>PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 3 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% <p>PREA Policy 115.335 Specialized Training for Medical and Mental Health Care (February 23, 2022) state HCJDC will ensure that all full and part time medical and mental health care practitioners who work regularly in it facilities have been trained in:</p> <ol style="list-style-type: none"> (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 (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment <p>An interview with a Family Nurse Practitioner confirmed he has received the specialized training topics regarding sexual abuse and sexual harassment. The auditor requested the training records for the 3 contract medical practitioners for verification. The facility provided a letter from One to One Health documenting receipt of the training (May 9, 2022).</p>

115.335 (b)

PAQ: HCJDC does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

PREA Policy 115.335 Specialized Training for Medical and Mental Health Care (February 23, 2022) states if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the detention center.

115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

PREA Policy 115.335 Specialized Training for Medical and Mental Health Care (February 23, 2022) states HCJDC will maintain documentation that medical and mental health practitioners have received the training referenced in this standard.

An interview with a Family Nurse Practitioner confirmed he has received the specialized training topics regarding sexual abuse and sexual harassment. The auditor requested the training records for the 3 contract medical practitioners for verification. The facility provided a letter from One to One Health documenting receipt of training (May 9, 2022).

115.335 (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.

PREA Policy 115.335 Specialized Training for Medical and Mental Health Care (February 23, 2022) states medical and mental health care practitioners shall receive training mandated for employees under 115.331 or for contractors and volunteers under 115.332.

An interview with a Family Nurse Practitioner confirmed he has received the annual training topics required by §115.331 or for contractors and volunteers under §115.332.

The auditor requested the training records for the 3 contract medical practitioners for verification. The facility provided a letter from One to One Health documenting receipt of training (May 9, 2022).

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. Corrective action is complete.

115.335 (a-d)

- Policy has been updated to be fully inclusive of the standard provision

	<p>requirements (February 23, 2022)</p> <ul style="list-style-type: none"> • The facility provided a letter from One to One Health documenting receipt of training (May 9, 2022).
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. Juvenile Sexual Violence Assessment Tool 3. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Comprehensive Screening Instrument (implemented April 11, 2022) 2. Periodic Reassessments (implemented April 11, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents <p>Findings (By Provision):</p> <p>115.341 (a)</p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents entering the facility (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: 725 2. The percent of residents entering the facility (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: 100% <p>The policy requires that a resident’s risk level be reassessed periodically throughout their confinement.</p>

HCJDC PREA Policy (pg. 5) states each time a youth is admitted to secure detention they shall be 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.

a. The Department's screening for Vulnerability to Victimization and Sexually Aggressive Behavior

b. For secure detention admissions the VSAB will be completed during the detention screening by staff no later 72 hours of admission (115.341a).

c. If not completed during the detention screening process, detention staff will complete prior to 72 hours.

HCJDC PREA Policy (pg. 7) states the VSAB form will be reviewed by program staff periodically throughout a youths stay, specifically after any PREA related incident where the youth has remained in the facility.

The auditor reviewed Juvenile Sexual Violence Assessment Tools for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours have been provided for review.

The Staff Responsible for Risk Screening confirmed she screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

Three residents were interviewed with the random resident protocol. They confirmed they were asked questions like the following examples at intake:

1. Have you have ever been sexually abused?
2. Do you identify with being gay, bisexual, or transgender?
3. Do you think you might be in danger of sexual abuse at the facility?

As part of corrective action, the facility implemented the Tennessee Department of Youth Service's screening instrument (April 11, 2022). The facility provided 7 examples of the newly implemented screening instrument for June and July 2022. All 7 examples were completed within 72 hours of admission.

115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

The auditor observed newly implemented screening instrument and determined it to be objective.

115.341 (c)

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

- a. Prior sexual victimization or abusiveness;
- b. 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;
- c. Current charges and offense history;

- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident's own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the risk screen. The auditor was not able to determine the tool ascertains information about the following characteristics: (1) cognitive development, (2) mental illness or mental disabilities, (3) intellectual or developmental disabilities, (4) physical disabilities, or (5) age (other than less than 15 years old).

As part of corrective action, the facility implemented the Tennessee Department of Youth Service's screening instrument (April 11, 2022). The instrument is inclusive of all criteria, with the exception of inquiring if a resident is intersex. The PREA Coordinator reported the facility will inquire about intersex identification until the instrument is updated by DCS.

The facility provided 7 examples of the newly implemented screening instrument for June and July 2022, demonstrating the form has been implemented and institutionalized.

115.341 (d)

The Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with residents during intake, available medical and mental health screenings, and reviewing any relevant court records.

115.341 (e)

HCJDC PREA Policy (pg. 6) states information gathered by the admissions staff shall be entered into the youth 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.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the detention center has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. The information is maintained in the youth case file and available on a need-to-know basis.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. Corrective action is complete.

115.341 (a)

	<ul style="list-style-type: none"> • The facility implemented the Tennessee Department of Children Services screening instrument (April 11, 2022). • The facility implemented the Tennessee Department of Children Services Safe Housing Reassessment form for 90-day reassessments (April 11, 2022) <p>115.341 (c) The facility implemented the Tennessee Department of Children Services screening instrument (April 11, 2022). The instrument is inclusive of all criteria, with the exception of inquiring if a resident is intersex. The PREA Coordinator reported the facility will inquire about intersex identification until the instrument is updated by DCS.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. Juvenile Sexual Violence Assessment Tool 3. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Documented Use of Risk Screening (implemented April 11, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. Staff Responsible for Risk Screening 4. Staff who Supervise Residents in Isolation (no isolation) 5. Medical Staff 6. Mental Health Staff - N/A 7. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - none 8. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents - none <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.342 (a) PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p>

HCJDC PREA Policy (pg. 7) states information gathered from screenings related to sexual victimization or abusiveness shall be strictly limited to medical and mental health practitioners and other staff, as required by Department policy and Federal, State, or local law, to guide treatment plans and security and management decisions, including housing, bed, education, and program assignments.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments. The Staff Responsible for Risk Screening stated wing sheets indicate risk precautions.

As part of corrective action, the facility implemented DCS Form CS-1236 Safe Housing Assessment to document housing placement decisions. Additionally, the screening instrument (implemented April 11, 2022) designates risk based on vulnerability to victimization and sexually aggressive behavior (April 11, 2022).

115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. 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: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

HCJDC does not use isolation. This was confirmed by interviewing the Superintendent. The Superintendent confirmed HCJDC does not use isolation for residents at risk of sexual victimization. The Family Nurse Practitioner stated if a resident were to be placed in isolation, they would receive daily visits.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

HCJDC PREA Policy (pg. 7) states 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.

The PREA Coordinator confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

No residents identified as lesbian, gay, bisexual, transgender, or intersex during the onsite phase of the audit.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

HCJDC PREA Policy (pg. 6) states 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.

The PREA Coordinator confirmed housing and programming assignments for transgender or intersex residents are made 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.

115.342 (e)

PAQ: 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.

HCJDC PREA Policy (pg. 6) states 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.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

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

HCJDC PREA Policy (pg. 6) states 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.

The PREA Coordinator confirmed the agency considers whether placement will ensure a resident's health and safety and the intake staff responsible for risk screening confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

	<p>HCJDC PREA Policy (pg. 6) states transgender and intersex youth shall be given the opportunity to shower separately from other youth.</p> <p>The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually.</p> <p>115.342 (h) PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: 1. A statement of the basis for facility’s concern for the resident’s safety, and 2. The reason or reasons why alternative means of separation cannot be arranged: N/A</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. HCJDC does not use isolation for residents at risk of sexual victimization.</p> <p>115.342 (i) PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. HCJDC does not use isolation for residents at risk of sexual victimization.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. Corrective action is complete.</p> <p>115.342 (a) The facility implemented DCS Form CS-1236 Safe Housing Assessment to document housing placement decisions. Additionally, the screening instrument (implemented April 11, 2022) designates risk based on vulnerability to victimization and sexually aggressive behavior (April 11, 2022).</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. Children Protective Services Hotline: 877-237-0004

3. PREA Youth Pamphlets (English and Spanish)
4. Youth PREA Posters: "No Means No" (English and Spanish)
5. HCJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse (none)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

HCJDC PREA Policy (pg. 11) 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 auditor observed the "No Means No" PREA poster (English and Spanish) is posted in intake and the living units in addition to other areas of the detention center. The posters inform residents of their right to be free of sexual abuse and how to report incidents of sexual abuse.

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

- Calling Tennessee 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 reporting methods are also listed on the PREA Youth Pamphlet.

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. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

115.351 (b)

PAQ: The agency provides 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. HCJDC does not detain youth solely for civil immigration purposes.

HCJDC PREA Policy (pg. 12) states youth must be allowed unimpeded access to report any allegation of misconduct or neglect to the Child Protective Services.

Contact information for public or private entities or offices that are not part of the agency includes:

- Tennessee Child Protective Services: 877-237-0004.

External reporting methods are also listed on the PREA Youth Pamphlet.

The PREA Coordinator identified the CPS Hotline as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

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

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: immediately

HCJDC PREA Policy (pg. 11) states any staff that receives a report of a sexual misconduct or possible sexual misconduct must ensure that it is reported to the CPS, local law enforcement if criminal in nature. Reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly.

Tennessee Law TCA-1-403 and 37-1-605, requires that any allegation of sexual misconduct or youth-on-youth sexual activity be reported to the CPS Hotline at 877-237-0004.

Staff interviewed confirmed verbal reports would be documented immediately and reported to the CPS Hotline.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for

	<p>reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>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 in the classroom.</p> <p>The auditor observed the grievance box is located in the classroom, giving youth the ability to have access to writing utensils and paper.</p> <p>115.351 (e) PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: emails, new employee training and posters</p> <p>Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the Child Protective Services Hotline.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. No corrective action is required.</p>
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews: Residents who Reported a Sexual Abuse (none)</p> <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision): 115.352 (a) PAQ: The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p>

	<p>HCJDC PREA Policy (pg. 11) states there is no time limit on when a youth may submit a grievance regarding an allegation of sexual misconduct.</p> <p>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.</p> <p>The auditor observed the grievance box is located in the classroom, giving youth the ability to have access to writing utensils and paper.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. Access to Outside Victim Advocates for Emotional Support Services Related to Sexual Abuse 3. The Emmy Haney House Children’s Advocacy Center 5705 Uptain Road, Suite C, Chattanooga, TN 37411 (423) 266-6918 Email: info@cachc.org 4. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Email: MOU Attempts (July 28, 2022) 2. Information Required by Standard Provision 115.353 (b) Provided to Residents (July 28, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse - none <p>Findings (By Provision):</p>

115.353 (a)

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (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.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

HCJDC PREA Policy (pg. 10) states youth shall have access to outside victim advocates for emotional support services related to sexual misconduct. The facility shall post, provide, or otherwise make accessible mailing addresses and telephone numbers (including hotline numbers) of local, state, or national victim advocacy or rape crisis organizations. Youth and victim advocate communications shall be confidential.

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

Resident interviews revealed residents were not familiar with services available outside of the facility for dealing with sexual abuse if they ever need it. The auditor discussed the posted information and informed the residents the information is posted in the living units.

The auditor observed the facility has posted contact information for the Emmy Haney House Children's Advocacy Center in the living units. The information posted includes a telephone number and a mailing address. The intake staff and PREA Coordinator stated the residents are able to make calls with sight, but not sound supervision. Staff would have to dial the phone number.

The auditor interviewed the Family Services Coordinator with Emmy Haney House Children's Advocacy Center. She stated residents would be able to directly call the CAC with court assistance. The CAC accepts referrals through Tennessee Child Protective Services or local law enforcement. The Emmy Haney House Children's Advocacy Center stated Partnership for Families, Children and Adults would be able to provide confidential emotional support services related to sexual abuse to residents 13 years and older.

The auditor interviewed a representative with Partnership for Families, Children and Adults. The representative interviewed stated Partnership is able to provide confidential emotional support services related to sexual abuse to residents 13 years and older. Partnership is a non-profit organization serving the Tennessee Valley community for 140 years through counseling, crisis intervention and prevention services. Partnership has a 24/7 domestic Violence and Sexual Assault Crisis Hotline: 423-755-2700.

The PREA Coordinator stated Youth Villages is another option for providing residents access to outside victim advocates for emotional support services related to sexual abuse.

The auditor tested the telephone system and confirmed calls could be made.

115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

HCJDC PREA Policy (pg. 10) states youth and victim advocate communications shall be confidential.

The auditor observed the facility posted contact information for the Emmy Haney House Children's Advocacy Center in the living units. The information did not 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. As part of corrective action, posters were updated to include information regarding monitoring of calls and associated mandatory reporting laws (July 28, 2022).

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

HCJDC PREA Policy (pg. 10) states Hamilton County Juvenile Detention will attempt to maintain agreements with community service providers to provide youth with confidential, emotional support services related to sexual misconduct.

The auditor requested an MOU 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. As part of corrective action, the facility provided documentation of attempts to develop a MOU (July 28, 2022).

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

HCJDC PREA Policy (pg. 10) states youth shall have reasonable and confidential access to their attorney or other legal representation, their parents, or legal guardians for reporting of sexual allegations. Youth shall have unimpeded access and means, including written, to submit or report sexual allegations.

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

	<p>representation and reasonable access to parents or legal guardians.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.</p> <p>115.353 (a-b) Posters, with contact information for outside victim advocates for emotional support services, were updated with all required standard provision requirements (July 28, 2022).</p> <p>115.353 (c) The facility provided documentation of attempts to develop a MOU (July 28, 2022).</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. Third-party Reporting: http://www.hamiltontn.gov/courts/Juvenile/Default.aspx Department of Children Services Child Abuse Hotline: 877-237-0004 https://apps.tn.gov/carat/ Hamilton County Juvenile Detention Center: 423-209-5158 3. HCJDC Pre-Audit Questionnaire (PAQ) <p>§115.354 PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>HCJDC PREA Policy (pg. 11) states reports can be received verbally, in writing, anonymously, and from third parties.</p> <p>The detention center has published three methods for third-party reporting on its website at: http://www.hamiltontn.gov/courts/Juvenile/Default.aspx.</p> <p>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</p>

	<p>also contact the Hamilton County Juvenile Detention Center directly at (423) 209-5158.”</p> <p>The auditor reviewed the website, verified these methods for third-party reporting are publicly available, and determined the detention center exceeds this standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding third-party reporting. The detention center allows for multiple ways for third-party reporting. No corrective action is required.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Policy 1.11: Sexual or Physical Abuse Notification 3. Tennessee Code Ann. § 37-1-605: Mandatory Reporting Law 4. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. Random Sample of Staff 4. Medical and Mental Health Staff <p>Findings (By Provision):</p> <p>115.361 (a)</p> <p>PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol style="list-style-type: none"> 1. 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. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p>HCJDC PREA Policy (pg. 12) states all staff are required to immediately report any knowledge, suspicion, or information received regarding 1) any incident of sexual misconduct that has occurred in a facility; 2) retaliation against youth or staff who report sexual misconduct; and 3) any staff neglect or violation of responsibilities</p>

that may have contributed to an incident of sexual misconduct or retaliation to the abuse registry, local law enforcement, and CPS as required by mandatory reporting laws and HCJDC policy 1.11.

Interviews with staff confirmed the requirement to report 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.

115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

HCJDC PREA Policy (pg. 11) states Tennessee Law TCA-1-403 and 37-1-605, requires that any allegation of sexual misconduct or youth-on-youth sexual activity be reported to the CPS Hotline at 877-237-0004.

Staff interviews confirmed they are aware of Tennessee laws related to mandatory reporting of child abuse.

115.361 (c)

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

HCJDC PREA Policy (pg. 11) states apart from reporting to designated supervisors or officials and designated state or local service agencies, staff are prohibited from revealing any information related to a sexual misconduct report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Staff interviewed were knowledgeable that HCJDC policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. They stated they would report to their supervisor, the PREA Coordinator, Superintendent, and CPS.

115.361 (d)

HCJDC PREA Policy (pg. 11) states medical and mental health practitioners shall be required to report sexual misconduct to designated supervisors, HCJDC officials, CPS, and law enforcement if criminal in nature. Said practitioners must inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

An interview with a Family Nurse Practitioner confirmed he discloses the limitations

of confidentiality and duty to report, at the initiation of services to a resident. He confirmed he is mandated to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual. He reported he has not become aware of such incidents at the detention center.

115.361 (e)

HCJDC PREA Policy (pg. 15) states 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.

The Superintendent confirmed when the facility receives an allegation of sexual abuse the allegation is immediately reported to the DCS Child Abuse Hotline, the Chattanooga Police Department, the Hamilton County Sheriff’s Office, and the victim’s legal guardian(s) as appropriate. If the victim is under the guardianship of the child welfare system, he would report the allegation to the victim’s caseworker instead of the parents or legal guardians. He confirmed if a juvenile court retains jurisdiction over a victim the victim’s attorney or other legal representative of record would be contacted immediately.

115.361 (f)

HCJDC PREA Policy (pg. 11) states any staff that receives a report of a sexual misconduct or possible sexual misconduct must ensure that it is reported to the CPS, local law enforcement if criminal in nature. Reports can be received verbally, in writing, anonymously, and from third parties.

The Superintendent confirmed allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to the Tennessee Children Protective Services and local law enforcement.

Conclusion:

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

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures

	<p>2. HCJDC Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (PREA Coordinator) 2. Superintendent 3. Random Sample of Staff <p>Findings:</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>HCJDC PREA Policy (pg. 12) 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.</p> <p>The PREA Coordinator confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include protecting the youth from harm or threat.</p> <p>The Superintendent confirmed a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating a youth.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p>

1. PREA Policy 115.363: Reporting to Other Confinement Facilities - February 23, 2022

Interviews:

1. Agency Head or Designee (PREA Coordinator)
2. Superintendent

Findings (By Provision):

115.363 (a)

PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0

PREA Policy 115.363 Reporting to Other Confinement Facilities (February 23, 2022) 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.

115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

PREA Policy 115.363 Reporting to Other Confinement Facilities (February 23, 2022) states such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

PREA Policy 115.363 Reporting to Other Confinement Facilities (February 23, 2022) states HCJDC shall document that it has provided such information.

115.363 (d)

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

PREA Policy 115.363 Reporting to Other Confinement Facilities (February 23, 2022) states HCJDC head shall ensure that the allegation is investigated in accordance

	<p>with these standards</p> <p>The PREA Coordinator and Superintendent confirmed the receiving facility director would notify the facility director where the alleged incident occurred, report the allegation for investigation to CPS.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. Corrective action is complete.</p> <p>Policy has been updated to be fully inclusive of the standard provision requirements.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Updated PREA Policy 115.364: First Responder Duties (February 23, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.364 (a)</p> <p>PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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,</p>

or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0; There were no allegations of sexual abuse that required evidence preservation/collection.
4. The number of times the first security staff member to respond to the report requested 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: 0; There were no allegations of sexual abuse that required evidence preservation/collection.
5. The number of times the first security staff member to respond to the report ensured 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: 0; There were no allegations of sexual abuse that required evidence preservation/collection.

PREA Policy 115.364 First Responder Duties (updated February 23, 2022) requires upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to:

- (a) Separate the alleged victim and abuser.
- (b) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- (c) 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.
- (d) 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.

Staff interviews confirmed staff need refresher training for first responder duties. Interviews required prompting by the auditor.

As part of corrective action, the policy was updated to be fully inclusive of the standard requirements (February 23, 2022).

	<p>115.364 (b) PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:</p> <ol style="list-style-type: none"> 1. Request that the alleged victim not take any actions that could destroy physical evidence. 2. Notify security staff. <p>Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p>PREA Policy 115.364 First Responder Duties (February 23, 2022) states 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</p> <p>Staff interviews confirmed staff need refresher training for first responder duties. Interviews required prompting by the auditor.</p> <p>Conclusion Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action is complete.</p> <p>Policy has been updated to be fully inclusive of the standard provision requirements.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. Supervisors PREA Checklist for Reporting 3. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent <p>Findings: PAQ: The facility has developed 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.</p> <p>The Superintendent confirmed the Supervisors PREA Checklist for Reporting</p>

	<p>coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, and facility leadership.</p> <p>The auditor reviewed the Supervisors PREA Checklist for Reporting.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (PREA Coordinator) <p>Findings (By Provision):</p> <p>115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The PREA Coordinator confirmed HCJDC has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b) The PREA Coordinator confirmed HCJDC has not entered into or renewed any collective bargaining agreements.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367	Agency protection against retaliation
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. HCJDC PREA Policy and Procedures
2. HCJDC Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. PREA Policy 115.367: Agency Protection Against Retaliation - February 23, 2022

Interviews:

1. Agency Head or Designee (PREA Coordinator)
2. Superintendent
3. Designated Staff Member Charged with Monitoring Retaliation (PREA Coordinator)
4. Residents who Reported a Sexual Abuse - none present

Findings (By Provision):

115.367 (a)

PAQ: The agency has 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.

The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

The name(s) of the staff member(s): Andrew Cullum

The title(s) of the staff member(s): PREA Coordinator

Policy 115.367 Agency Protection Against Retaliation (February 23, 2022) states 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.

115.367 (b)

Policy 115.367 Agency Protection Against Retaliation (February 23, 2022) states 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.

The PREA Coordinator described the different measures he would take to protect residents and staff from retaliation includes monitoring, housing changes and placing staff on administrative leave, if applicable. The Superintendent stated protective measures would include closely monitoring the situation.

115.367 (c)

PAQ: The agency and/or facility 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 or staff.

The length of time that the agency and/or facility monitors the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation.

The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The number of times an incident of retaliation occurred in the past 12 months: 0

Policy 115.367 Agency Protection Against Retaliation (February 23, 2022) states 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.

The Superintendent stated measures he would take when he suspects retaliation would be to review the situation. The PREA Coordinator stated things he looks for to detect possible retaliation includes body language, monitoring, conversations with residents, and manipulative behaviors. He would monitor resident disciplinary reports, housing changes, and program changes, He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse until the juvenile is released.

115.367 (d)

Policy 115.367 Agency Protection Against Retaliation (February 23, 2022) states in the case of residents, such monitoring shall also include periodic status checks.

115.367 (e)

Policy 115.367 Agency Protection Against Retaliation (February 23, 2022) states in the case of residents, such monitoring shall also include periodic status checks.

The PREA Coordinator stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation includes room or housing changes, implementing safety plans, and continuing monitoring to make sure retaliation is not taking place.

The Superintendent confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through separating

	<p>staff from the youth, placing staff on administrative leave if necessary, monitoring the youth for signs of retaliation, and continuing to check in with the youth.</p> <p>115.367 (f) Policy 115.367 Agency Protection Against Retaliation (February 23, 2022) states an agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. Corrective action is complete.</p> <p>Policy has been updated to be fully inclusive of the standard provision requirements.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent <p>Findings (By Provision):</p> <p>Findings: PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>The Superintendent confirmed the facility does not use isolation.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1289 416">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 425 472 461">Documents:</p> <ol data-bbox="280 465 1455 712" style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Policy 14.3 Screening, Response Priority and Assignment of Child Protective Services Cases 4. HCJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="280 748 459 784">Interviews:</p> <ol data-bbox="280 788 884 949" style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. Investigative Staff - (DCS Investigator) 4. Residents who Reported a Sexual Abuse <p data-bbox="280 985 660 1021">Findings (By Provision):</p> <p data-bbox="280 1025 466 1061">115.371 (a)</p> <p data-bbox="280 1066 1455 1142">PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="280 1178 1442 1299">HCJDC PREA Policy (pg. 15) states HCJDC does not conduct criminal investigations for youth- related sexual abuse reports. CPS and Local law enforcement agencies handle such investigations involving youth.</p> <p data-bbox="280 1335 1468 1581">DCS is responsible for allegations of sexual abuse or sexual harassment. The DCS investigator stated once a case is received, it takes less than 24 hours to initiate an investigation following an allegation of sexual abuse or sexual harassment. The investigator confirmed she handles anonymous or third-party reports of sexual abuse and sexual harassment in the same manner as all investigations. She begins by interviewing the individual who reported the allegation.</p> <p data-bbox="280 1617 466 1653">115.371 (b)</p> <p data-bbox="280 1657 1362 1733">DCS investigators receive specialized training in sexual abuse investigations involving juveniles.</p> <p data-bbox="280 1738 1455 1859">The DCS investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through classroom and computer-based training.</p> <p data-bbox="280 1895 466 1930">115.371 (c)</p> <p data-bbox="280 1935 1445 2056">The DCS Investigator gathers all evidence, reviews video surveillance footage if available, and interviews alleged victims, suspected perpetrators, and witnesses. The investigation will include reviewing any prior complaints and reports of sexual</p>

abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

The DCS investigator confirmed the first steps in initiating an investigation is contacting the facility where an allegation of sexual abuse or sexual harassment has been made and requesting all available information. This occurs within 24 hours. She then travels to the facility to review any video footage that may be available, and conducts interviews with the alleged victim, alleged perpetrator, and all witnesses. Direct and circumstantial evidence she would be responsible for gathering in an investigation of an incident of sexual abuse would include video footage, interviews, statements, third-party information, etc.

115.371 (d)

PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

The DCS investigator confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e)

The DCS investigator confirmed when she discovers evidence that a prosecutable crime may have taken place, she consults with prosecutors before conducting compelled interviews.

115.371 (f)

The DCS investigator confirmed she judges the credibility of an alleged victim, suspect, or witness based on evidence. She stated under no circumstance, does she require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

The DCS investigator confirmed the efforts she makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include investigating the allegation and coordinating with the DCS PREA Coordinator. She confirmed she documents administrative investigations in written reports. The reports include incident reports, interviews, and all available evidence.

115.371 (h)

The DCS investigator confirmed criminal investigations are documented. There were no criminal investigations during the audit period. The investigations are documented in the appropriate TFACTS incident reporting section.

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: Zero (0)

	<p>The DCS investigator confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal.</p> <p>115.371 (j) PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>DCS policy states Agencies maintain sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>115.371 (k) The DCS investigator confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.</p> <p>115.371 (l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.</p> <p>115.371 (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.</p> <p>BCJDC cooperates with the DCS investigators and remains informed about the progress of investigations through TFACTS and contact with the investigator.</p> <p>The Superintendent confirmed if an outside agency investigates allegations of sexual abuse, the facility remain informed of the progress of a sexual abuse investigation through contact with outside investigative agencies. The PREA Coordinator reported he would initiate contact and stay in communication with outside investigative agencies.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

	<p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. DCS Policy 14.3: Screening, Response Priority and Assignment of Child Protective Services Cases 4. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator - (DCS Investigator) <p>Findings:</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>HCJDC and DCS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>DCS policy states a report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse, as defined in Tennessee Code Annotated 37-1-102 or 37-1-602.</p> <p>The interview with the DCS investigator confirmed the preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent

2. Investigative Staff – (DCS Investigator)
3. Residents who Reported a Sexual Abuse

Findings (by provision):

115.373 (a)

PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0

HCJDC PREA Policy (pg. 16) states at the conclusion of any law enforcement investigation where a sexual abuse incident has been reported, the victim or victim's parent(s) or legal guardian(s) shall be notified that the investigation is concluded.

The Superintendent confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The DCS Investigator confirmed she is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.373 (b)

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

HCJDC PREA Policy (pg. 16) states all allegations of sexual abuse are investigated by local law enforcement agencies. This notification is to be accomplished using the following protocol. A letter will be completed and provided to the resident when local law enforcement closes an allegation of sexual abuse. The PREA Coordinator will complete this notification for juvenile detention centers. The Facility Administrator or designee will complete this notification for all sexual abuse investigations closed in the facility.

115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility 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.

There has not been no substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

HCJDC PREA Policy (pg. 16) states 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.

115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs 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.

HCJDC PREA Policy (pg. 16) states 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.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this

	<p>standard: 0</p> <p>2. The number of those notifications that were documented: 0</p> <p>HCJDC PREA Policy (pg. 16) states all such notifications or attempted notifications shall be documented.</p> <p>115.373 (f)</p> <p>An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>HCJDC PREA Policy (pg. 16) states HCJDC obligation to report shall terminate once resident is release from custody.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. PREA Policy 115.376: Disciplinary Sanctions for Staff - February 23, 2022 <p>Findings (by provision):</p> <p>115.376 (a)</p> <p>PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>PREA Policy 115.376 Disciplinary Sanctions for Staff (February 23, 2022) states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b)</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual

harassment policies: 0

PREA Policy 115.376 Disciplinary Sanctions for Staff (February 23, 2022) states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.376 (c)

PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

PREA Policy 115.376 Disciplinary Sanctions for Staff (February 23, 2022) states 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.

115.376 (d)

PAQ: 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, 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: Zero (0)

PREA Policy 115.376 Disciplinary Sanctions for Staff (February 23, 2022) states 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.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. Corrective action is complete.

Policy has been updated to be fully inclusive of all standard provision requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. HCJDC PREA Policy and Procedures
2. HCJDC Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. PREA Policy 115.377: Corrective action for Contractors and Volunteers - February 23, 2022

Findings (by provision):

115.377 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

PREA Policy 115.377 Corrective action for Contractors and Volunteers (February 23, 2022) states 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. HCJDC policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

115.377 (b)

In the past 12 months:

3. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0
4. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

PREA Policy 115.377 Corrective action for Contractors and Volunteers (February 23, 2022) states HCJDC takes appropriate remedial measures and considers 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 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.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. Corrective action is complete.

Policy has been updated to be fully inclusive of all standard provision requirements.

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1289 412">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 427 472 461">Documents:</p> <ol data-bbox="280 468 839 539" style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="280 580 766 613">Document (Corrective Action):</p> <ol data-bbox="280 620 1406 696" style="list-style-type: none"> 1. PREA Policy 115.378: Interventions and Disciplinary Sanctions for Residents - February 23, 2022 <p data-bbox="280 736 459 770">Interviews:</p> <ol data-bbox="280 777 539 810" style="list-style-type: none"> 1. Superintendent <p data-bbox="280 851 660 884">Findings (by provision):</p> <p data-bbox="280 891 464 925">115.378 (a)</p> <p data-bbox="280 931 1474 1133">PAQ: Residents are 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. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="280 1173 603 1207">In the past 12 months:</p> <ol data-bbox="280 1214 1481 1375" style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p data-bbox="280 1415 1481 1617">PREA Policy 115.378 Interventions and Disciplinary Sanctions for Residents (February 23, 2022) states 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.</p> <p data-bbox="280 1657 464 1691">115.378 (b)</p> <p data-bbox="280 1697 1465 2067">PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p>

In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0
2. The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
3. The number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse, who were denied access to other programs and work opportunities: N/A

PREA Policy 115.378 Interventions and Disciplinary Sanctions for Residents (February 23, 2022) states 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.

The Superintendent stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include room detention. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction.

115.378 (c)

PREA Policy 115.378 Interventions and Disciplinary Sanctions for Residents (February 23, 2022) states 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.

The Superintendent stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

PREA Policy 115.378 Interventions and Disciplinary Sanctions for Residents (February 23, 2022) states 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.

115.378 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

PREA Policy 115.378 Interventions and Disciplinary Sanctions for Residents (February 23, 2022) states 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.

115.378 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

PREA Policy 115.378 Interventions and Disciplinary Sanctions for Residents (February 23, 2022) states 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.

115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

PREA Policy 115.378 Interventions and Disciplinary Sanctions for Residents (February 23, 2022) states 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.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. Corrective action is complete.

Policy has been updated to be fully inclusive of all standard provision requirements.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. HCJDC PREA Policy and Procedures
2. HCJDC Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. PREA Policy 115.381: Medical and Mental Health Screenings: History of Sexual Abuse - February 23, 2022

Interviews:

1. Staff Responsible for Risk Screening
2. Medical and Mental Health Staff
3. Residents who Disclose Sexual Victimization at Risk Screening

Findings (by provision):

115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 0

PREA Policy 115.381: Medical and Mental Health Screenings: History of Sexual Abuse (February 23, 2022) states 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.

The PREA Coordinator confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

No residents were identified as reporting prior sexual victimization during risk screening. No residents interviewed stated they have any prior sexual victimization.

115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to §115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 0

PREA Policy 115.381: Medical and Mental Health Screenings: History of Sexual Abuse (February 23, 2022) states 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.

The PREA Coordinator confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

No residents were identified as having previously perpetrated sexual abuse during risk screening. No residents interviewed stated they have previously perpetrated sexual abuse.

115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

PREA Policy 115.381: Medical and Mental Health Screenings: History of Sexual Abuse (February 23, 2022) states 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.

115.381 (d)

PAQ: 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.

An interview with a Family Nurse Practitioner confirmed he obtains informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. He confirmed informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. Corrective action is complete.

Policy has been updated to be fully inclusive of all standard provision requirements.

115.382	Access to emergency medical and mental health services
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1289 416">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="280 425 472 461">Documents:</p> <ol data-bbox="280 465 839 542" style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="280 577 766 613">Document (Corrective Action):</p> <ol data-bbox="280 618 1458 694" style="list-style-type: none"> 1. PREA Policy 115.382: Access to Emergency Medical and Mental Health Services - February 23, 2022 <p data-bbox="280 730 459 766">Interviews:</p> <ol data-bbox="280 770 1078 891" style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse 3. Security Staff and Non-Security Staff First Responders <p data-bbox="280 927 699 963">Site Review Observations:</p> <p data-bbox="280 967 1018 1003">Observations during on-site review of physical plant</p> <p data-bbox="280 1039 660 1075">Findings (By Provision):</p> <p data-bbox="280 1079 466 1115">115.382 (a)</p> <p data-bbox="280 1120 1474 1536">PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="280 1572 1474 1778">PREA Policy 115.382 Access to Emergency Medical and Mental Health Services (February 23, 2022) states 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.</p> <p data-bbox="280 1814 1404 1890">The Family Nurse Practitioner stated the nature and scope of services would be determined according to the professional judgment of the local pediatric ER.</p> <p data-bbox="280 1926 466 1962">115.382 (b)</p> <p data-bbox="280 1966 1465 2087">PAQ: 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</p>

appropriate medical and mental health practitioners.

PREA Policy 115.382 Access to Emergency Medical and Mental Health Services (February 23, 2022) states 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.

115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and 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.

PREA Policy 115.382 Access to Emergency Medical and Mental Health Services (February 23, 2022) states 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.

An interview with a Family Nurse Practitioner confirmed victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

115.382 (d)

PAQ: 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.

PREA Policy 115.382 Access to Emergency Medical and Mental Health Services (February 23, 2022) states 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.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. Corrective action is complete.

Policy has been updated to be fully inclusive of all standard provision requirements.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. PREA Policy 115.383: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers - February 23, 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse - none present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.383 (a)</p> <p>PAQ: The facility offers 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.</p> <p>PREA Policy 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (February 23, 2022) states 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.</p> <p>An interview with a Family Nurse Practitioner confirmed that medical and mental health care would be offered. Services are available at The Emmy Haney House Children’s Advocacy Center and Children's Hospital at Erlanger.</p> <p>115.383 (b)</p> <p>PREA Policy 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (February 23, 2022) states 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.</p> <p>An interview with a Family Nurse Practitioner confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. He confirmed victims are given timely information and access to all lawful pregnancy-related services if pregnancy results</p>

from sexual abuse while incarcerated.

115.383 (c)

PREA Policy 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (February 23, 2022) states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

The Family Nurse Practitioner stated medical and mental health services are consistent with the community level of care.

115.383 (d)

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

PREA Policy 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (February 23, 2022) states resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

An interview with a Family Nurse Practitioner confirmed resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.383 (e)

PAQ: 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.

PREA Policy 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (February 23, 2022) states 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.

The Emmy Haney House Children's Advocacy Center and Children's Hospital at Erlanger medical personnel provide information and treatment for possible pregnancy. The Family Nurse Practitioner confirmed victims of sexual abuse would be offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

PREA Policy 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (February 23, 2022) states resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

An interview with the Family Nurse Practitioner confirmed victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

	<p>115.383 (g) PAQ: 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.</p> <p>PREA Policy 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (February 23, 2022) states 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.</p> <p>115.383 (h) PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>PREA Policy 115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers (February 23, 2022) states 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.</p> <p>The Family Nurse Practitioner confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. Corrective action is complete.</p> <p>Policy has been updated to be fully inclusive of all standard provision requirements.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. HCJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent

2. PREA Coordinator
3. Incident Review Team

Findings (by provision):

115.386 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0

HCJDC PREA Policy (pg. 15) states the HCJDC will conduct 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. Said review shall ordinarily be conducted within 30 days of the conclusion of the investigation.

115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, 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: 0

HCJDC PREA Policy (pg. 15) states said review shall ordinarily be conducted within 30 days of the conclusion of the investigation.

115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The Superintendent confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

HCJDC PREA Policy (pg. 15) states 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;

	<p>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.</p> <p>c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</p> <p>d. Assess the adequacy of staffing levels in that area during different shifts; and</p> <p>e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;</p> <p>The facility prepares a report of its findings and any recommendations for improvement and submits the report to PREA Coordinator.</p> <p>The PREA Coordinator was interviewed as a member of the sexual abuse incident review team. He confirmed the team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>115.386 (e) PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>HCJDC PREA Policy (pg. 15) states recommendations for improvement from the report shall be implemented, or justification provided for not implementing said recommendations.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse,

- Sexual Harassment, Assault or Rape Incidents and PREA
3. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)
 4. Annual Reports: 2017-2018
 5. HCJDC Pre-Audit Questionnaire (PAQ)

Documents (Corrective Action):

1. Annual Reports: 2019-2021 (May 10, 2022)

Findings (by provision):

115.387 (a)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

HCJDC PREA Policy (pg. 15) states the department shall collect uniform data for every allegation of sexual misconduct at its facilities.

The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (b)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

HCJDC PREA Policy (pg. 19) states incident-based sexual misconduct data shall be aggregated at least annually.

The auditor reviewed the aggregated data from 2017-2018. Data from 2019-2021 was provided through corrective action (May 10, 2022).

115.387 (c)

PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

DCS policy states agencies maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The auditor reviewed incident reports for 2 allegations that DCS screened out.

	<p>115.387 (e) PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.</p> <p>HCJDC does not contract with other facilities for the confinement of its residents.</p> <p>115.387 (f) The agency was not requested to provide the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>HCJDC PREA Policy (pg. 19) states the PREA requires the Bureau of Justice to conduct an annual survey of the prevalence of sexual violence in correctional facilities. The survey requests information from all a state-operated facilities and a sample of contracted facilities. The survey collects information in the following areas: nonconsensual sex acts, abusive sex acts, staff sexual misconduct, and staff sexual harassment.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. Corrective action is complete.</p> <p>115.387 (b) The facility provided data from 2019-2021.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Annual Reports (2017 and 2018) 4. HCJDC Website: Court System, Hamilton County Government (hamiltontn.gov) 5. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Annual Reports: 2019-2021 (May 10, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (PREA Coordinator)

2. PREA Coordinator

Findings (by provision):

115.388 (a)

PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

HCJDC PREA Policy (pg. 19) states the department will prepare an annual report of sexual misconduct incidents, findings, and corrective actions for all facilities, state and contracted, and the Department as a whole.

Annual reports are published on the agency's website at: Court System, Hamilton County Government (hamiltontn.gov). Reports are published for 2017 through 2018. The reports are inclusive of annual data comparison and statistical analysis, corrective actions, and policy updates and/or training needs.

The PREA Coordinator confirmed the agency reviews data collected and aggregated pursuant to §115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision. An annual report including 2019-2021 data was provided through corrective action (May 10, 2022). The auditor observed the report is published on the agency's website.

115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

HCJDC PREA Policy (pg. 19) states 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 auditor reviewed the 2017 and 2018 annual reports and determined they are inclusive of the standard provision. An annual report including 2019-2021 data was provided through corrective action (May 10, 2022).

115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

HCJDC PREA Policy (pg. 19) states the report will be reviewed and approved by the Secretary and be made readily available to the public through its website.

The auditor observed the published annual reports at: Court System, Hamilton

	<p>County Government (hamiltontn.gov).</p> <p>The reports are approved by the Court Administrator. This was corroborated by interviewing the PREA Coordinator and reviewing the published annual reports.</p> <p>115.388 (d) PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>HCJDC PREA Policy (pg. 19) states 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.</p> <p>The auditor reviewed the annual reports and observed no identifying information.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. Corrective action is complete.</p> <p>115.388 (b) The facility published an annual report including data from 2019-2021.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. HCJDC PREA Policy and Procedures 2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Annual Reports: 2017-2018 4. HCJDC Website: Court System, Hamilton County Government (hamiltontn.gov) 5. HCJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Published Annual Reports: 2019-2021 (May 10, 2022) <p>Findings (by provision):</p> <p>115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p>

The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

115.389 (b)

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Aggregated sexual abuse data is readily available to the public at least annually through its website at: Court System, Hamilton County Government (hamiltontn.gov). An annual report including 2019-2021 data was provided through corrective action (May 10, 2022). The auditor observed annual reports for 2017 through 2021 are published on the agency website.

115.389 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

DCS policy states before making aggregated sexual abuse data publicly available, agencies remove all personal identifiers.

The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.

115.389 (d)

PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

DCS policy states agencies maintain sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.

HCJDC PREA Policy (pg. 20) states all data collected will be maintained for at least 10 years after the date of the initial collection.

Conclusion and Corrective Action:

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

115.389 (b)

The facility published an annual report including data from 2019-2021.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. HCJDC Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p>Findings:</p> <p>This is the second audit for HCJDC. The detention center was first audited in 2018. HCJDC is a single entity agency.</p> <p>The auditor was given access to, and the ability to observe, all areas of HCJDC. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Conclusion:</p> <p>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.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. HCJDC Pre-Audit Questionnaire (PAQ) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p>Findings:</p> <p>All HCJDC PREA Audit Reports are published on the agency's website at: Court System, Hamilton County Government (hamiltontn.gov).</p> <p>Conclusion:</p>

	<p>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 audit contents and findings. No corrective action is required.</p>
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Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	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.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	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".)	na
115.313 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	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
	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
	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
	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
	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
	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
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	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

	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
	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
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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?	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	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
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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?	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
	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	no

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	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
115.318 (a)	Upgrades to facilities and technologies	
	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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	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.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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.)	na
115.321 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	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 is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	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.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	no
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	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
115.334 (a)	Specialized training: Investigations	
	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).)	na
115.334 (b)	Specialized training: Investigations	
	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).)	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).)	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).)	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).)	na
115.334 (c)	Specialized training: Investigations	
	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).)	na

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	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
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	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
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	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
	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
	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
	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
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	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?)	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?)	na
115.342 (i)	Placement of residents	
	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
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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
115.352 (b)	Exhaustion of administrative remedies	

	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.)	na
	Does the agency always refrain from requiring an 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.)	na
115.352 (c)	Exhaustion of administrative remedies	
	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.)	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.)	na
115.352 (d)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na
115.352 (e)	Exhaustion of administrative remedies	

	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.)	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.)	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.)	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.)	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.)	na
115.352 (f)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	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.)	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.)	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.)	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.)	na
115.352 (g)	Exhaustion of administrative remedies	
	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.)	na
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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
	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency 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?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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
115.361 (e)	Staff and agency reporting duties	
	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
	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
	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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	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
115.367 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371	Criminal and administrative agency investigations	

(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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	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
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	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
115.373 (c)	Reporting to residents	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	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.)	na
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes