

PREA Facility Audit Report: Final

Name of Facility: Upper East Tennessee Regional Juvenile Detention Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/08/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 09/08/2022

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	07/26/2022
End Date of On-Site Audit:	07/27/2022

FACILITY INFORMATION	
Facility name:	Upper East Tennessee Regional Juvenile Detention Facility
Facility physical address:	307 Wesley Street, Johnson City, Tennessee - 37601
Facility mailing address:	

Primary Contact	
Name:	Karen McCrary
Email Address:	regionaljuvdet@gmail.com
Telephone Number:	423-282-2118

Superintendent/Director/Administrator	
Name:	Karen McCrary
Email Address:	regionaljuvdet@gmail.com
Telephone Number:	423-282-2118

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

Facility Characteristics	
Designed facility capacity:	10
Current population of facility:	3
Average daily population for the past 12 months:	6
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Both females and males
Age range of population:	8-18
Facility security levels/resident custody levels:	Level 4
Number of staff currently employed at the facility who may have contact with residents:	17
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

AGENCY INFORMATION	
Name of agency:	ElyJenn Detention of Northeast Tennessee, LLC.
Governing authority or parent agency (if applicable):	
Physical Address:	307 Wesley Street, Johnson City, Tennessee - 37601
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Breck Bishop	Email Address:	brbregionaljuvdet@gmail.com

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:	2022-07-26
2. End date of the onsite portion of the audit:	2022-07-27

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. Tennessee Department of Children's Services2. Safe House3. Johnson City Medical Center4. Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	10
15. Average daily population for the past 12 months:	6
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	3
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:	0
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:	1

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:	0
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:	0
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:	1
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:	1
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:	17
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:	3
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:	0
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
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	All 3 residents, who were present during the onsite phase of the audit, were interviewed.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were interviewed from both of the 2 housing units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	All 3 residents, who were present during the onsite phase of the audit, were interviewed.
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	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:	0

<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>1</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>1</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>1</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>8</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" 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>

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other
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):	All 8 staff on the schedule for the 2 days of the onsite phase of the audit were interviewed.
Specialized Staff, Volunteers, and Contractor Interviews	
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.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>2</p>

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

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.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> 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).	No text provided.
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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.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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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 reported.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

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

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

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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
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Standards

Auditor Overall Determination Definitions

- 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)

Auditor Discussion Instructions

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC PREA Policy: Protection from Sexual Abuse and Assault; Zero Tolerance 2. UETRJDC Organizational Chart 3. UETRJDC 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 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.</p> <p>UETRJDC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines how the facility will implement its 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, sanctions for those found to have participated in prohibited behaviors, and a description of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>115.311 (b)</p> <p>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.</p> <p>UETRJDC has designated an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The position of the PREA Coordinator is identified in the facility's organizational structure as the Compliance Officer/Training Coordinator.</p> <p>The PREA Coordinator reported having enough time to manage all her PREA-related responsibilities and effectively communicated how she coordinates the facility's efforts to comply with the PREA standards. The PREA Coordinator reports to the Facility Administrator.</p> <p>115.311 (c)</p> <p>PAQ: There is no PREA Compliance Manager.</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 requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.312 (a) N/A UETRJDC does not contract for the confinement of its residents with private agencies or other entities including other government agencies.</p> <p>115.312 (b) N/A UETRJDC does not contract for the confinement of its residents with private agencies or other entities including other government agencies.</p> <p>Conclusion: 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>

115.313

Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Supervision and Monitoring
2. Staffing Plan
3. Staffing Plan Assessments
4. Unannounced Rounds
5. Staffing Plan Modifications Sheet
6. UETRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Facility Administrator)
2. PREA Coordinator
3. Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.313 (a)

PAQ: Since the 2017 PREA audit:

1. The average daily number of residents: 6
2. The average daily number of residents on which the staffing plan was predicated: 10

The auditor reviewed the staffing plan and found it to be fully inclusive of the standard provision requirements.

The Facility Administrator stated adequate staffing levels to protect resident against sexual abuse is considered in the staffing plan. The facility adheres to a 1:8 ratio during the day and 1:16 ratio during sleeping hours. There is always a male and female staff on duty. Video monitoring is part of the plan. The staffing plan considers acceptable standards from DCS and PREA ratios, considers hours of increased resident activity and utilizes additional staff members to help with supervision and activities. Administration would consider any relevant factors and/or findings of inadequacy as they arise. If the resident population were to exceed the mandated ratios, additional staff would be called in to work either by Administrator, PREA Coordinator, or Classification Officer.

115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. There have been no deviations from plan.

The Facility Administrator stated the facility documents all instances of non-compliance with the staffing plan. The documentation would include explanations for non-compliance.

The auditor observed the facility would document deviations with the Staffing Plan Modifications Sheet.

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

Policy (page 1) Staff to juvenile ratios will be a minimum of 1:8 during juvenile waking hours and 1:16 during juvenile sleeping hours per the Prison Rape Elimination Act and Department of Children's Services standards.

The Facility Administrator confirmed the facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios. The ratios are 1:8 during waking hours and 1:16 during sleeping hours.

PREA Site Review:

During the onsite tour of the facility the auditor observed supervision was compliant with required staffing ratios.

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.

The PREA Coordinator stated she is consulted regarding any assessments of, or adjustments to, the staffing plan for the facility. She confirmed staffing plan assessments occur on a continuing basis. The auditor observed staffing plan reviews for 2020 and 2021.

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.

Policy (page 1) Facility Administrator, PREA Compliance Coordinator/Manager, and/or Classification Officer/Risk Manager will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such practice shall be for all shifts. The inspections will occur in a random and irregular manner, and the Administrator must ensure that all shifts and are visited by designated upper-level staff at least once a month. Documentation of the inspections/visits shall be logged in the logbook and the PREA Monthly Random Check log. The facility shall prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcements are related to the legitimate operational functions of the facility.

The auditor observed unannounced rounds for the 12-month audit period covering all shifts.

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. No corrective action is required.

115.315 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Limits to Cross-Gender Viewing and Searches
2. UETRJDC Policy: Searches Procedures
3. UETRJDC Policy: Observation of Residents
4. Cross-Gender, Transgender, and Intersex Search Procedure Training Curriculum
5. Cross-Gender, Transgender, and Intersex Search Training Records
6. Cross-Gender Searches Form
7. UETRJDC Pre-Audit Questionnaire (PAQ)

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

PREA Policy (page 1) UETRJDC will not conduct cross-gender pat down searches nor cross-gender strip searches except in exigent circumstances as a last resort pending an immediate threat to the resident or others. In the event a cross-gender search of a resident is unavoidable, it will be documented and justified. Body cavity searches of any kind will never be performed at the facility and will only be conducted by medical professionals. Body cavity searches by medical professionals will also be thoroughly documented.

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

PREA Policy (page 1) UETRJDC will not conduct cross-gender pat down searches nor cross-gender strip searches except in exigent circumstances as a last resort pending an immediate threat to the resident or others.

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.

PREA Policy (page 1) In the event a cross-gender search of a resident is unavoidable, it will be documented and justified.

The auditor observed the facility would document such searches using the Cross-Gender Searches Form.

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.

PREA Policy (page 2) It is facility protocol that male staff supervise male residents and female staff supervise female residents (the only exception to this being the Special Education Instructor, as he/she will have the authority to instruct/supervise residents of either gender; facility staff will also provide direct supervision while students are in classroom). This policy extends to all interaction, including but not limited to the intake of a resident, serving of meals, administration of medication, and overseeing showers.

As a general rule, the presence of a staff member on the residential hallway of the opposite gender shall and will be avoided. However, in circumstances that warrant the entrance a staff member of the opposite gender on the residential hallway, he/she will announce their presence when entering the area. Staff will avoid entering the hallway of the opposite gender without the accompaniment of staff of the same gender as resident(s). If necessary for resident(s) of the opposite gender to enter the other residential hallway, resident(s) will be escorted by staff, and the resident(s) of opposite gender will be secured in their room with visual access to inside their room obstructed (i.e. windows covered) for the duration of the opposite gender's presence in the area.

These policies are intended to provide residents of both genders the opportunity to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances.

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 residents stated they are never fully naked in full view of staff of the opposite gender.

The auditor observed residents are able to shower, perform bodily functions, and change clothing without being viewed by non-medical staff of the opposite gender.

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 (0) such searches occurred in the past 12 months.

PREA Policy (page 1) Staff members will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If a resident's gender cannot be determined, staff will seek to ascertain the gender by contacting court personnel and/or contacting the resident's legal guardian. As a last resort in exigent circumstances, the facility may seek to determine a resident's gender by way of a physical exam conducted by a medical professional.

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.

There were no transgender or intersex residents identified during the onsite phase of the audit.

115.315 (f)

PAQ: 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%

The PAQ indicates, all employees are provided with training involving all forms of searches of the residents. Training is provided within the first 40 hours of an employee's initial training. Each employee watches a video annually provided by the National PREA Resource Center as a refresher on cross-gender searches.

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. The auditor observed the searches training curriculum and staff training records demonstrating the training has been received.

Conclusion:

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. No corrective action is required.

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Residents with Disabilities and who are Limited English Proficient
2. Special Education Teacher's License
3. PREA Brochure
4. PREA Poster
5. PREA Video
6. Interpreter Access
7. UETRJDC Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. LanguageLine Solutions (August 29, 2022)

Interviews:

1. Agency Head or Designee (Facility Administrator)
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.

Policy (page 1) UETRJDC will take appropriate steps to ensure that residents with disabilities have equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Residents with disabilities include those who are:

- Deaf or hard of hearing
- Blind or have low vision
- Intellectually, psychiatrically, and/or speech disabled

UETRJDC shall provide juvenile orientation in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills.

Such steps shall include, when necessary to ensure effective communication with residents who are deaf, hard of hearing, or limited English proficient, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, UETRJDC shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A special education instructor will be available to guide residents in their comprehensive PREA education.

The Facility Administrator 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.

The auditor observed the license for the Certified Teacher of the Blind and Visually Impaired. The PREA brochure is available in Braille and is formatted for residents who have intellectual disabilities, psychiatric disabilities, or limited reading skills. Additional resident resources are also available in Braille. The PREA Poster is formatted for residents with low vision. The PREA video has closed captioning. PREA orientation is conducted verbally as needed.

The auditor interviewed one resident with an intellectual disability. The resident stated they were able to understand the PREA education and did not require assistance.

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.

Policy (page 1) UETRJDC will take appropriate steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient.

The auditor observed there are facility staff available for Spanish language interpretation needs. Also, the PREA brochure and PREA posters are available in Spanish.

As part of corrective action, the facility implemented LanguageLine Solutions for additional translation and interpretation needs (August 29, 2022).

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

Policy (page 1) UETRJDC shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations. If such an occasion is to occur, the facility will document the circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

Staff interviews confirmed the agency would use bilingual staff 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.

The auditor interviewed one resident with an intellectual disability. The resident stated they were able to understand the PREA education and did not require assistance.

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 implemented LanguageLine Solutions for translation and interpretation needs (August 29, 2022).

115.317	Hiring and promotion decisions
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 333">Documents:</p> <ol data-bbox="240 338 1010 432" style="list-style-type: none"> 1. UETRJDC PREA Policy: Recruitment and Selection, Hiring and Promoting 2. PREA Employment Questionnaire 3. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 461 584 490">Documents (Corrective Action):</p> <ol data-bbox="240 495 874 557" style="list-style-type: none"> 1. PREA Employment Questionnaire (revised August 29, 2022) 2. Prior Institutional Employers Statement (July 12, 2022) <p data-bbox="240 586 363 616">Interviews:</p> <ol data-bbox="240 620 671 649" style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p data-bbox="240 678 507 707">Findings (By Provision):</p> <p data-bbox="240 712 360 741">115.317 (a)</p> <p data-bbox="240 745 1453 808">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="240 813 1465 1005" 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="240 1034 1497 1196">Policy (page 1) UETRJDC shall not hire or promote anyone, or enlist the services of any contractor, who has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in such activity.</p> <p data-bbox="240 1225 363 1254">115.317 (b)</p> <p data-bbox="240 1258 1422 1321">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.</p> <p data-bbox="240 1350 1490 1413">Policy (page 2) UETRJDC shall consider any incidents of sexual harassment, as defined by PREA, in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with juveniles.</p> <p data-bbox="240 1442 1422 1505">As part of corrective action, consideration of any incidents of sexual harassment was added to the PREA Employment Questionnaire (August 29, 2022).</p> <p data-bbox="240 1534 363 1563">115.317 (c)</p> <p data-bbox="240 1568 1453 1729">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.</p> <p data-bbox="240 1758 517 1787">During the past 12 months:</p> <ol data-bbox="240 1792 1461 1886" style="list-style-type: none"> 1. The number of persons hired who may have contact with residents who have had criminal background record checks: 8 2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100% <p data-bbox="240 1915 1469 2076">Policy (page 2) Before hiring new employees who may have contact with juveniles, UETRJDC shall: (1) Perform a criminal background records check; (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p data-bbox="240 2105 1353 2134">The HR staff confirmed the agency performs criminal background record checks and considers pertinent civil or</p>

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 personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision. The auditor observed criminal background record checks and child abuse registry checks.

As part of corrective action, the facility provided a statement that prior institutional employers will be contacted on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (July 12, 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

Policy (page 2) UETRJDC shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The HR staff confirmed the agency 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.

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.

Policy (page 2) UETRJDC shall conduct criminal background records checks at least every five years on current employees and contractors who may have contact with residents.

The interview with the HR staff confirmed the agency requires background checks are completed annually for any current employees and contractors who may have contact with residents.

The auditor observed the backgrounds checks have been completed within 5 years.

115.317 (f)

Policy (page 2) UETRJDC shall also ask all applicants who may have contact with residents directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of the annual performance appraisals of current employees using Form PREA Employment/Promotion Questionnaire. UETRJDC mandates that all employees have a continuing affirmative duty to report any such sexual misconduct.

The auditor reviewed the PREA Employment Questionnaires for 13 employees. The 3 questions about prior misconduct are asked and answered.

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.

Policy (page 2) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h)

Policy (page 2) Unless prohibited by law, if inappropriate allegations are founded, the former employee will receive a recommendation of no rehire that may be shared with an institutional employer for whom such the former employee has applied to work.

The HR staff confirmed the agency shall disclose any information on substantiated allegations of sexual abuse or sexual harassment.

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 (b)

Consideration of any incidents of sexual harassment was added to the PREA Employment Questionnaire (August 29, 2022).

115.317 (c)

The facility provided a statement that prior institutional employers will be contacted on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse (July 12, 2022).

115.318	Upgrades to facilities and technologies
	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. Facility Schematics with Camera Locations 2. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head or Designee (Facility Administrator) 2. Superintendent or Designee (Facility Administrator) <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.318 (a)</p> <p>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.</p> <p>The Facility Administrator 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.</p> <p>115.318 (b)</p> <p>PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Facility Administrator 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.</p> <p>The auditor observed the camera locations, including new cameras added in 2022.</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 upgrades to facilities and technologies. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC PREA Policy: Evidence Protocol and Forensic Medical Examinations 2. DCS Policy 14.25: Special Child Protective Services Investigations 3. Johnson City Police Department Crisis Response Unit Policy 4. Written Institutional Plan 5. Sexual Assault Forensic Examination Payment Form (free examinations) 6. MOU: Safe House 7. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. SAFEs/SANEs 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.321 (a) and (b)</p> <p>PAQ: The facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Policy (page 1) Upper East Tennessee Regional Juvenile Detention Center will conduct administrative or criminal sexual abuse investigations in conjunction with the Tennessee Department of Children’s Services and the Johnson City Police Department. The UETRJDC investigation team will consist of the facility Administrator, PREA Coordinator, and Classification Officer. The facility investigation team will follow all applicable PREA protocol governing sexual abuse investigations. Investigators within the Department of Children’s Services (Child Protective Services) and Criminal Investigators within the Johnson City Police Department will follow uniform evidence protocol, developmentally appropriate for youth.</p> <p>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 local law enforcement is responsible for conducting sexual abuse investigations.</p> <p>115.321 (c)</p> <p>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).</p> <p>Policy (pages 1-2) The facility shall offer all juveniles who experience sexual abuse access to forensic medical examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs.</p> <p>The facility utilizes Johnson City Medical Center for emergency medical services. The auditor contacted the Johnson City Medical Center SANE Coordinator and confirmed forensic medical examinations for victims of sexual assault will be provided. The facility in in the process of developing a MOU with the hospital. Additionally, the Safe House Program Director stated the Johnson City Washington County Family Justice Center also provides SANE services.</p> <p>115.321 (d) and (e)</p> <p>(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.</p> <p>(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> <p>Policy (page 2) If the victim is over the age of thirteen, the facility shall attempt to make available to the victim a victim advocate via Frontier Health (Safe House of Sullivan and Washington Counties). If a rape crisis volunteer is not available to provide victim advocate services, the agency shall make available to provide these services through a qualified staff member</p>

from a community-based organization. Such efforts will be documented. These services will be free of cost to the victim.

The facility has a MOU with Safe House for victim advocacy. The auditor contacted the Safe House Program Director. Services would be available to resident victims of sexual abuse at the facility.

115.321 (f)

PAQ: If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

Policy (page 1) To the extent the facility itself is not responsible for investigating allegations of sexual abuse, the facility shall request that the investigating agency follow the PREA standards.

The auditor reviewed the Johnson City Police Department Crisis Response Unit policy for conducting investigations of sexual abuse. The investigators are responsible for investigating crimes, including sexual abuse, assault, and rape.

Conclusion:

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. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Ensuring Referrals of Allegations for Investigations
2. DCS Policy 14.25: Special Child Protective Services Investigations
3. Johnson City Police Department Crisis Response Unit Policy
4. UETRJDC Website
5. UETRJDC Pre-Audit Questionnaire (PAQ)

Interview:

1. Agency Head

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: 1
2. The number of allegations resulting in an administrative investigation: 1
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.

Policy (page 1) UETRJDC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The Facility Administrator confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

The auditor reviewed one administrative investigative report for an unfounded allegation of resident-on-resident non-abusive sexual activity.

115.322 (b)

PAQ: 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.

Policy (page 1) All allegations will be referred for investigation to Tennessee Department of Children's Services who will aid administration in conducting the criminal investigation, unless the allegation does not involve potentially criminal behavior.

If the allegation does not involve potentially criminal behavior, Administration will conduct an investigation to determine if the claims are founded or unfounded, with appropriate administrative action to be taken according to the findings.

If circumstances warrant such action, Johnson City Police Department will also be called upon either by DCS or Administration to aid in a criminal investigation.

The auditor observed the policy is published on the facility's website. Additionally, DCS Policy 14.25: Special Child Protective Services Investigations is published on the Tennessee Department of Children's Services website.

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.

Policy (page 1) If a separate entity is responsible for conducting criminal investigations, the publication shall describe the responsibilities of both the facility and the investigating entity.

The auditor observed the publication describes the responsibilities the agency and the Johnson City Police Department. DCS Policy 14.25: Special Child Protective Services Investigations describes the responsibilities of the Tennessee Department of Children's Services.

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. UETRJDC PREA Policy: Employee Training, Volunteer Training, Specialized Training 2. Training Curricula 3. Training Records 4. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Age of Consent added to Training Curriculum (July 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 (11) required topics.</p> <p>Policy (pages 1-2) Sexual abuse/assault/harassment training shall cover the following areas:</p> <ul style="list-style-type: none"> • UETRJDC’s zero-tolerance on sexual abuse/assault and harassment. • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • Juvenile’s right to be free from sexual abuse and sexual harassment. • The right of juveniles and employees to be free from retaliation for reporting sexual abuse and sexual harassment. • The dynamics of sexual abuse and sexual harassment in juvenile facilities. • The common reactions of juvenile victims of sexual abuse and sexual harassment. • 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 juveniles. • How to avoid inappropriate relationships with juveniles. • How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles. • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. • Relevant laws regarding the applicable age of consent. <p>The auditor reviewed the training materials and 2021 staff training records for 10 staff. Training is inclusive of all required topics. Age of consent was added as part of corrective action (July 9, 2022).</p> <p>Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and annually thereafter.</p> <p>115.331 (b)</p> <p>PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility.</p> <p>Policy (page 2) Such training shall be tailored to the unique needs and attributes of residents and to the gender of the residents at the facility.</p> <p>The auditor observed the training materials are inclusive of the standard provision requirement.</p> <p>115.331 (c)</p> <p>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</p> <p>The auditor reviewed the training materials and 2021 staff training records for 10 staff.</p> <p>115.331 (d)</p> <p>PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Policy (page 2) The facility shall document, through employee signature, that employees understand the training they have</p>	

received. Documentation shall be maintained on Form "Staff Confirmation of Receipt of PREA Training."

The auditor reviewed the staff training records for 10 staff. Staff sign they have received training.

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 employee training. Corrective action is complete.

115.331 (a)

Training is inclusive of all required topics. Age of consent was added as part of corrective action (July 9, 2022).

115.332	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 333">Documents:</p> <ol data-bbox="242 338 1118 465" style="list-style-type: none"> 1. UETRJDC PREA Policy: Employee Training, Volunteer Training, Specialized Training 2. Training Curricula 3. Volunteer and Contractor Receipt of PREA 4. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="242 499 363 528">Interviews:</p> <ol data-bbox="242 533 863 562" style="list-style-type: none"> 1. Volunteers or Contractors who have Contact with Residents <p data-bbox="242 589 507 618">Findings (By Provision):</p> <p data-bbox="242 622 360 651">115.332 (a)</p> <p data-bbox="242 656 1453 716">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 data-bbox="242 745 1485 806">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: 3</p> <p data-bbox="242 835 1493 931">Policy (page 3) UETRJDC shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="242 960 986 990">The volunteers interviewed stated they have received the required training.</p> <p data-bbox="242 1019 360 1048">115.332 (b)</p> <p data-bbox="242 1052 1477 1180">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.</p> <p data-bbox="242 1209 1493 1305">Policy (page 3) UETRJDC shall provide training to volunteers and contractors based on the services they provide and level of contact they have with juveniles, but all volunteers and contractors who have contact with juveniles shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1335 1493 1395">The auditor observed training materials include the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="242 1424 360 1453">115.332 (c)</p> <p data-bbox="242 1458 1445 1518">PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="242 1547 1469 1608">Policy (page 3) UETRJDC shall maintain documentation confirming that volunteers and contractors understand the training they have received using Form "Volunteer and Contractor Confirmation of Receipt of PREA Training."</p> <p data-bbox="242 1637 927 1666">The auditor observed 3 Volunteer and Contractor Receipts of PREA.</p> <p data-bbox="242 1695 376 1724">Conclusion:</p> <p data-bbox="242 1729 1461 1792">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.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 333">Documents:</p> <ol data-bbox="240 338 1171 701" style="list-style-type: none"> 1. UETRJDC PREA Policy: Residents with Disabilities and who are Limited English Proficient 2. Special Education Teacher's License 3. Interpreter Access 4. PREA Brochure 5. PREA Poster 6. PREA Video 7. PREA Information for New Resident Intake 8. Curriculum: PREA Comprehensive Training 9. Youth Acknowledgement and Notification of PREA 10. Juvenile Confirmation of Receipt of PREA 11. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 728 571 757">Document (Corrective Action):</p> <ol data-bbox="240 761 695 790" style="list-style-type: none"> 1. LanguageLine Solutions (August 29, 2022) <p data-bbox="240 817 363 846">Interviews:</p> <ol data-bbox="240 851 568 913" style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p data-bbox="240 940 528 969">Site Review Observations:</p> <p data-bbox="240 974 759 1003">Observations during on-site review of physical plant</p> <p data-bbox="240 1030 505 1059">Findings (By Provision):</p> <p data-bbox="240 1064 360 1093">115.333 (a)</p> <p data-bbox="240 1097 1385 1196">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: 359</p> <p data-bbox="240 1223 1485 1321">Policy (page 1) During the intake process, juveniles shall receive information explaining, in an age-appropriate fashion, the UETRJDC zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p data-bbox="240 1326 1465 1424">An interview with intake staff revealed residents are given information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. All residents, including those transferred from other facilities, are provided this information.</p> <p data-bbox="240 1451 1490 1615">The auditor observed the admissions process. The residents are given a PREA educational brochure. The information includes the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The auditor reviewed 16 Juvenile Confirmation of Receipt of PREA forms for residents interviewed and the 12-month audit period. The residents sign that they received the intake information. All of the Juvenile Confirmation of Receipt of PREA forms indicated the residents received the required information during intake.</p> <p data-bbox="240 1641 360 1671">115.333 (b)</p> <p data-bbox="240 1675 1458 1738">PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 29</p> <p data-bbox="240 1765 1485 1928">Policy (page 1) Within 10 days of a resident's arrival at UETRJDC, the facility's Special Education Instructor, or other qualified staff, will provide thorough, comprehensive education regarding a resident's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This will be documented using Form Juvenile Confirmation of Receipt of PREA, in addition to a log to be completed by staff presenting comprehensive PREA instruction.</p> <p data-bbox="240 1955 1474 2054">An interview with intake staff revealed resident education is accomplished through the PREA brochure. She stated the residents are made aware of the rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents during intake.</p> <p data-bbox="240 2080 1453 2143">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</p>

harassment. They stated they received PREA education within the first three days.

The auditor reviewed Youth Acknowledgement and Notification of PREA forms for residents interviewed and for the 12 month audit period. All 14 documents indicated the education was received within 10 days of intake.

115.333 (c)

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

Policy (pages 1-2) Residents shall receive PREA education upon transfer to UETRJDC to the extent that the policies and procedures of the juvenile's new facility differ from those of the previous facility to be implemented and documented in the same fashion as above (same procedure as any other intake).

An interview with intake staff revealed all residents, including those transferred from other facilities, are given information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment.

The auditor reviewed Youth Acknowledgement and Notification of PREA forms for residents interviewed and for the 12 month audit period. All 14 documents indicated the education was received within 10 days of intake.

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.

Policy (page 2) UETRJDC shall provide juvenile orientation in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills.

The facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of UETRJDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, UETRJDC shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The facility shall take reasonable steps to ensure meaningful access to all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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

The auditor observed the license for the Certified Teacher of the Blind and Visually Impaired. The PREA brochure is available in Braille and is formatted for residents who have intellectual disabilities, psychiatric disabilities, or limited reading skills. Additional resident resources are also available in Braille. The PREA Poster is formatted for residents with low vision. The PREA video has closed captioning. PREA orientation is conducted verbally as needed.

The auditor observed there are facility staff available for Spanish language interpreting. Also, the PREA brochure and PREA posters are available in Spanish.

As part of corrective action, the facility implemented LanguageLine Solutions for additional translation and interpretation needs (August 29, 2022).

115.333 (e)

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

Policy (page 2) This will be documented using both Form Juvenile Confirmation of Receipt of PREA, in addition to a log to be completed by staff presenting comprehensive PREA instruction.

The auditor reviewed Juvenile Confirmation of Receipt of PREA forms for residents interviewed and for the 12-month audit period. Residents sign they have participated in the education sessions.

115.333 (f)

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.

Policy (page 2) In addition to providing such education, the PREA Manager shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. An educational

video will be presented to enrich the comprehensive PREA education.

The auditor observed posters and PREA brochures with key information about the agency's PREA policies.

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.

115.333 (d)

The facility implemented LanguageLine Solutions for translation and interpretation needs (August 29, 2022).

115.334	Specialized training: Investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 333">Documents:</p> <ol data-bbox="242 338 1118 465" style="list-style-type: none"> 1. UETRJDC PREA Policy: Employee Training, Volunteer Training, Specialized Training 2. NIC Certificates: Investigating Sexual Abuse in a Confinement Setting 3. Training Records 4. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="242 499 363 528">Interviews:</p> <ol data-bbox="242 533 754 562" style="list-style-type: none"> 1. Investigative Staff (Administrative Investigations) <p data-bbox="242 589 507 618">Findings (By Provision):</p> <p data-bbox="242 622 360 651">115.334 (a)</p> <p data-bbox="242 656 1485 685">PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 712 1469 808">Policy (page 2) It is UETRJDC policy that in addition to the general training provided to all employees in paragraph (A) above, facilities shall ensure that, to the extent the facility itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="242 835 1485 931">An interview with the PREA Coordinator 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 completed NIC specialized training topics.</p> <p data-bbox="242 958 1465 1021">The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting.</p> <p data-bbox="242 1048 360 1077">115.334 (b)</p> <p data-bbox="242 1081 767 1111">Policy (pages 2-3) Specialized training shall include:</p> <ul data-bbox="242 1115 1302 1243" style="list-style-type: none"> • Techniques for interviewing juvenile sexual abuse victims. • Proper use of Miranda and Garrity warnings. • Sexual abuse evidence collection in confinement settings. • The criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p data-bbox="242 1270 1433 1332">An interview with the PREA Coordinator confirmed she has received the required training. The auditor reviewed training records for verification.</p> <p data-bbox="242 1359 360 1388">115.334 (c)</p> <p data-bbox="242 1393 1477 1456">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: 4</p> <p data-bbox="242 1482 1453 1579">Policy (page 3) Facilities shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations using Form "Investigator Confirmation of Receipt of PREA Specialized Training."</p> <p data-bbox="242 1606 1465 1668">The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting.</p> <p data-bbox="242 1695 376 1724">Conclusion:</p> <p data-bbox="242 1729 1465 1792">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.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff and Mental Health Staff – N/A <p>Findings (By Provision):</p> <p>115.335 (a) N/A</p> <p>PAQ:</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: 0 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: N/A <p>115.335 (b)</p> <p>PAQ: UETRJDC does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> <p>115.335 (c) N/A</p> <p>115.335 (d) N/A</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 specialized training for medical and mental health care. No corrective action is required.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 331">Documents:</p> <ol data-bbox="240 338 1115 533" style="list-style-type: none"> 1. UETRJDC PREA Policy: Screening for Risk of Sexual Victimization and Abusiveness 2. UETRJDC PREA Policy: Resident Classification System 3. Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth 4. PREA Risk Assessment Answer Form 5. Risk Reassessments 6. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 562 584 589">Documents (Corrective Action):</p> <ol data-bbox="240 595 798 658" style="list-style-type: none"> 1. PREA Risk Assessment (full form) (August 22, 2022) 2. Intersex Statement (July 8, 2022) <p data-bbox="240 687 363 714">Interviews:</p> <ol data-bbox="240 721 636 815" style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents <p data-bbox="240 844 505 871">Findings (By Provision):</p> <p data-bbox="240 878 360 904">115.341 (a)</p> <p data-bbox="240 911 1474 1039">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. 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. The policy requires that a resident's risk level be reassessed periodically throughout their confinement.</p> <p data-bbox="240 1068 469 1095">In the past 12 months:</p> <ol data-bbox="240 1102 1466 1296" 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: 77 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 data-bbox="240 1326 1481 1453">Policy (pages 1-2) All juveniles shall be screened at the facility within 72 hours of the intake process for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization to identify potential vulnerabilities which might lend a resident to be victimized or tendencies/assessed inclination of a resident to engage in sexually aggressive behavior. A resident's risk level will be reassessed every six months of continual residency at the facility.</p> <p data-bbox="240 1482 1485 1677">The Staff Responsible for Risk Screening (Classification Officer) confirmed he screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. He stated he screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Residents are asked if they have ever been physically abused or sexually abused. Prior to the resident's arrival, questions are asked of the placing agency about mental and physical health. Resident's risk levels are reassessed every 6 months.</p> <p data-bbox="240 1706 1466 1769">Three residents were interviewed with the resident interview questionnaire. They confirmed they were asked questions like the following examples at intake:</p> <ol data-bbox="240 1776 938 1904" style="list-style-type: none"> 1. Have you have ever been sexually abused? 2. Do you identify with being gay, bisexual, or transgender? 3. Do you have any disabilities? 4. Do you think you might be in danger of sexual abuse at the facility? <p data-bbox="240 1933 1481 2092">The auditor reviewed 17 completed intake screens for residents interviewed and examples for the 12-month audit period. All 17 intake screens were completed within 72 hours of admission. The facility uses an answer sheet to reduce the amount of paper used. As part of corrective action, the auditor requested examples of the full PREA Risk Assessment to better enable a compliance determination. The facility provided 7 examples for residents entering the facility during July and August of this year (August 22, 2022). All 7 examples indicated the risk screens were completed within 72 hours of admission.</p> <p data-bbox="240 2121 1458 2148">The auditor reviewed 6 completed reassessments for the 12-month audit period. The auditor observed the reassessments</p>

occur at least every 6 months.

115.341 (b)

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

The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation for the 12-month audit period.

115.341 (c)

Policy (page 1) At a minimum, UETRJDC shall attempt to ascertain information about:

- Prior sexual victimization or abusiveness;
- Any gender nonconforming appearance or mannerisms, or self- identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may, therefore, be vulnerable to sexual abuse;
- Current charges and offense history;
- Age;
- Physical size and stature;
- Any known Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities;
- The resident's own perception of vulnerability; and
- Any other specific information about individual residents that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the PREA Risk Assessment and found it to be inclusive of the required information, with the exception of the identification of residents who are intersex. As part of corrective action, the facility provided a statement that intersex will be written on the form until it is updated by DCS (July 8, 2022). Additionally, the facility uses an answer sheet to reduce the amount of paper used. The auditor requested examples of the full PREA Risk Assessment for a compliance determination. The facility provided 7 examples for residents entering the facility during July and August of this year (August 22, 2022). The 7 examples indicated the full risk screen is used.

115.341 (d)

Policy (page 1) This information shall be discovered through conversations with the residents during the intake paperwork, through the Classification Officer's interview process (Form PREA Risk Assessment), and/or other relevant documentation from the resident's files, history of prior stays at the facility, or information given from the court of jurisdiction.

The interview with the Classification Officer confirmed the information is ascertained through asking residents questions during intake using the PREA Risk Assessment.

115.341 (e)

Policy (page 1) Certain sensitive material from the Classification Officer's screening of a resident's risk of victimization or abusiveness will be kept classified as to avoid exploitation of said information by staff or other residents.

The PREA Coordinator and Classification Officer stated the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. They stated the information is available to classification officers.

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 (c)

- The facility provided a statement that intersex will be written on the PREA Risk Assessment form until it is updated by DCS (July 8, 2022).
- The facility provided the full PREA Risk Assessments for residents entering the facility during July and August of this year, demonstrating all criteria is considered (August 22, 2022).

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Screening for Risk of Sexual Victimization and Abusiveness
2. Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth
3. UETRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Facility Administrator)
2. PREA Coordinator
3. Staff Responsible for Risk Screening
4. Staff who Supervise Residents in Isolation
5. Medical and Mental Health Staff
6. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
7. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

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.

Policy (page 1) Room assignments, activities, and, if need be, education accommodations shall be made accordingly with the goal of keeping all residents safe and free from sexual abuse.

The PREA Coordinator and Classification Officer 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 PREA Coordinator indicated the facility uses screening information to make housing assignments, increase security check frequency, and assign groups. Until residents are classified, they will remain in a single person group. The Classification Officer stated at risk residents are kept separate from other residents.

The auditor reviewed 18 completed protocol sheets for residents interviewed and examples for the 12 month audit period. The Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth indicates is a resident is at risk of being sexually victimized or sexually aggressive, special housing recommendations, and modifications to placement or program. The auditor observed protocol sheets indicating residents' eligibility for group activities, education assignments, and room assignments.

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

Policy (page 3) Residents at risk for sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all juveniles safe can be arranged. During any period of isolation, the facility shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health professional. Residents shall also have access to other programs to the extent possible. Documentation shall be maintained for these special management cases including the facility's concern for the

resident's safety, and the reason why no alternative means of separation can be arranged.

The Facility Administrator stated the facility does not use isolation and there have been no incidents in which isolation was used to protect a resident who was alleged to have suffered sexual abuse. Residents would only be isolated from others as a last resort when less restrictive measures are inadequate to keep the, and other residents safe, and then only until an alternative means of keeping residents safe can be arranged.

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.

Policy (page 3) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall the facility consider lesbian, gay, bisexual, transgender, or intersex identification status as an indicator of likelihood of being sexually abusive.

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

One resident identified as bisexual. She confirmed she was not placed in a housing unit only for lesbian, gay, bisexual, transgender, or intersex residents. The auditor observed she was placed in the girl's unit. No residents identified as transgender or intersex.

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.

Policy (page 3) In deciding whether to assign a transgender or intersex juvenile to housing for male or female juveniles, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether the placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems.

The PREA Compliance 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.

The Classification Officer confirmed placement would ensure the resident's health and safety.

No residents identified as transgender or intersex during the onsite phase of the audit.

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.

Policy (page 3) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least every six months of continual residency at the facility to review any threats to safety experienced by the juvenile.

The PREA Coordinator and Classification Officer 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.

Policy (page 3) A transgender or intersex juvenile's own views with respect to his or her own safety shall be given serious consideration in determining safety/classification issues.

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

No residents identified as transgender or intersex during the onsite phase of the audit.

115.342 (g)

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

Policy (page 3) As with all UETRJDC residents, transgender and intersex residents shall shower separately from other juveniles.

The PREA Coordinator and Classification Officer confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

The auditor observed transgender or intersex residents would be able to shower separately from other residents. Showers are conducted individually in a bathroom, behind the privacy of a shower curtain.

No residents identified as transgender or intersex during the onsite phase of the audit.

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

The Facility Administrator stated the facility does not use isolation. No residents at risk of sexual victimization were held in isolation in the past 12 months.

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.

Policy (page 3) Every 30 days, the facility shall afford the resident a review to determine whether there is a continuing need for isolation from the general population. No residents at risk of sexual victimization were held in isolation in the past 12 months.

The Facility Administrator stated the facility does not use isolation.

Conclusion:

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. No corrective action is required.

115.351

Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Resident Reporting
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
4. Grievance Form
5. Resident PREA Brochures
6. Handbook PREA Statement
7. Poster: Help for Abuse Victims
8. Poster: Staff Reporting
9. Flyer: Staff Private Reporting
10. UETRJDC 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

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.

Policy (page 1) Juveniles who are victims of sexual abuse/assault/harassment/neglect have the option to report the incident to any staff member in addition to the Administrator. Juveniles may use the Resident Grievance Form, available in the resident Dayroom, to report sexual abuse/harassment, or they may make a verbal report to any employee of UETRJDC.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by grievance, telling staff, or calling the DCS hotline.

The auditor observed posters and brochures with information for reporting allegations of sexual abuse and sexual harassment.

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. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on

how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Policy (page 1) Juveniles or others may report allegations via the Department of Children's Services Child Abuse Hotline by calling 1-877-237-0004. The hotline may be accessed 24 hours a day.

The PREA Coordinator identified the DCS hotline as one way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the DCS hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by grievance, telling staff, or calling the DCS hotline. They also could identify someone that does not work at the facility they could report to.

The auditor tested the telephone system. Residents are able to call the DCS hotline with staff assistance. The auditor

observed posters and brochures with information for reporting allegations of sexual abuse and sexual harassment to the DCS hotline and other entities that are not part of the agency.

The auditor observed the Help for Abuse Victims poster informs residents detained solely for civil immigration purposes how to contact the Department of Homeland Security and U.S. Citizen and Immigration Services.

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: end of shift

Policy (page 1) UETRJDC will accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Staff will document all verbal reports in writing, as soon as possible, but no later than before leaving the building for end of shift.

Staff interviewed confirmed verbal reports would be documented as soon as possible, and always by the end of shift.

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 reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy (page 1) The facility will provide access to tools (i.e. pencil, paper, grievance form) to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents will submit their written report/grievance form in the locked box accessible to all residents in the Dayroom. The reports will remain confidential, the box only being accessed by the Administrator, PREA Coordinator/Manager, or Classification Officer. Residents will also be given access to the telephone to report abuse, etc. via the DCS hotline.

The PREA Coordinator confirmed a writing utensil would be provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents have access to pencil and paper any time they are out of their rooms for group as long as it is safe for them to have them. Any resident can have pencil and paper anytime if it is specifically for them to report abuse or fill out a grievance form.

The auditor observed a grievance box and forms in the dayroom.

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: PREA Training, Posters, Flyers

Policy (page 1) UETRJDC staff can privately report sexual abuse and sexual harassment of residents by calling the Tennessee Department of Children's Services Child Abuse Hotline at 1-877-237-0004.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the DCS hotline.

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.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC PREA Policy: Resident Grievance Procedure 2. Summary of Grievance Procedure 3. Resident Handbook: Grievance Procedure 4. Grievance Form 5. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents who Reported a Sexual Abuse <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.352 (a)</p> <p>PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>UETRJDC PREA Policy: Resident Grievance Procedure, specifies the procedure for dealing with resident grievances regarding sexual abuse.</p> <p>The auditor reviewed the resident handbook and verified relevant information is provided.</p> <p>115.352 (b)</p> <p>PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>Policy (page 4) UETRJDC shall not impose a time limit on when a juvenile may submit a grievance regarding an allegation of sexual abuse. UETRJDC shall not require a juvenile to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>The auditor observed the residents are informed there is no time limit on filing a grievance. They are instructed to place grievances in the locked grievance box located in the dayroom.</p> <p>115.352 (c)</p> <p>PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p>Policy (page 4) UETRJDC shall ensure that juveniles who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.</p> <p>The auditor observed the residents are informed to wait until the next shift to file a grievance regarding a staff member who is the subject of the complaint.</p> <p>115.352 (d)</p> <p>PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of grievances that were filed that alleged sexual abuse: 0 2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0 3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0 <p>Policy (page 4) UETRJDC Administration shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.</p> <p>Computation of the 90-day time period shall not include time consumed by juveniles in preparing any administrative appeal.</p>

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

At any level of the grievance process, including the final level, if the juvenile does not receive a response within the time allotted for reply, including any properly noticed extension, the juvenile may consider the absence of a response to be a denial at that level.

115.352 (e)

PAQ: The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

If an abuse allegation is discovered, multiple policies require documentation of the allegation and of the response to that allegation, including the youth's participation in the investigation.

Policy (page 5) Third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of juveniles.

If a third party, other than a parent or legal guardian, files a grievance on behalf of a juvenile, UETRJDC Administration may require as a condition of processing the grievance that the alleged victim agree to have the grievance filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the grievance process.

If the juvenile declines to have the grievance processed on his or her behalf, UETRJDC Administration shall document the juvenile's decision.

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

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

Policy (page 5) Juveniles may file an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse by having a staff contact the Classification Officer in the facility. The Classification Officer shall follow their chain of command in reporting to include UETRJDC PREA Manager.

After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the Classification Officer shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the facility administrator at which time immediate corrective action may be taken. Administrative Investigators shall provide an initial response within 48 hours, and shall issue a final decision within 5 calendar days. The initial response and final decision shall document the determination whether the juvenile is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

Policy (pages 5-6) Facilities may discipline a youth for filing a grievance related to alleged sexual abuse/assault/harassment only where the facility demonstrates that the juvenile filed the grievance in bad faith. The facility shall use the regular disciplinary procedures and pre-established sanctions should be applied.

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.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Resident Access to Outside Support, Third Party Reporting
2. MOU: Safe House
3. Consent Form for Frontier Health
4. Poster: Help for Abuse Victims
5. Resident PREA Brochures
6. UETRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent of Designee
2. PREA Compliance Manager
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

Findings (By Provision):

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.

Policy (page 1) UETRJDC shall provide juveniles with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between juveniles and these organizations and agencies, in as confidential a manner as possible.

The auditor tested the telephone system. Residents are able to call Safe House with staff assistance. The auditor observed posters and brochures with contact information for Safe House. The Help for Abuse Victims poster provides residents with a telephone number and mailing address. The PREA brochures provide a telephone number. Resident interviews revealed residents are knowledgeable of the availability of Frontier Health's services.

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.

Policy (page 1) UETRJDC shall inform juveniles, 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.

Residents interviewed knew contacting outside services would be a free call and they could make a call when needed. The auditor observed the Frontier Health Consent Form informs residents about the extent to which such communications will be monitored and associated mandatory reporting laws.

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.

Policy (page 1) UETRJDC shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide juveniles with free, confidential emotional support services related to sexual abuse. The Frontier Health Sexual Assault Center (SAFE House of Sullivan and Washington Counties) has agreed to provide advocacy services (information, referrals, assistance with victims' compensation benefits, assistance with order of protections, accompaniment during forensic exams, court proceedings and interviews), access to their 24/7 crisis hotline,

therapy for victims, and training for the facility. The agency shall maintain copies of current agreements and documentation showing attempts to enter into such agreements in the future.

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with Safe House. The auditor contacted the Safe House Program Director and confirmed victim advocacy is available to the youth at the facility.

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.

Policy (pages 1-2) UETRJDC shall also provide residents with reasonable and confidential access to their attorneys or other legal representation. Residents will be permitted to speak with their attorneys whenever they call the facility and ask to speak with their client. These calls will not be monitored, nor will there be a time/frequency limit imposed. Staff will make an attempt to contact a client's attorney when needed. When an attorney makes a personal visit to the facility, the attorney and their client will have access to the conference room for their meeting. The conference room is monitored via video surveillance; however, the camera does not capture audio for the purpose of confidentiality. There will be no time/frequency limit imposed on these personal visitations. Residents will also be given reasonable access to parents or legal guardians via daily phone calls and weekly visitation (resident behavior permitting).

The Facility Administrator and PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

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 access to outside confidential support services and legal representation. No corrective action is required.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 331">Documents:</p> <ol data-bbox="242 338 1107 432" style="list-style-type: none"> 1. UETRJDC PREA Policy: Resident Access to Outside Support, Third Party Reporting 2. Third-party Reporting Form 3. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="242 463 341 490">§115.354</p> <p data-bbox="242 497 1477 524">PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p data-bbox="242 555 1485 680">Policy (page 2) Visitors and third parties may report sexual abuse and sexual harassment to the Department of Children’s Services Child Abuse Hotline. Third parties are also given the opportunity to report by using facility provided forms that either can be given directly to staff or sent back to the facility via mail. This information will be publicly distributed throughout the UETRJDC facility and may also be obtained by asking a staff member.</p> <p data-bbox="242 712 1485 837">The auditor observed the detention center has a third-party reporting form published on its website. Reporters are instructed to use the form to mail or email reports to the Upper East Tennessee Regional Juvenile Detention Center PREA Coordinator. The auditor tested the third-party reporting procedure by email and received confirmation the report was received within two hours.</p> <p data-bbox="242 869 376 896">Conclusion:</p> <p data-bbox="242 902 1465 965">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC PREA Policy: Official Response Following a Resident Report 2. UETRJDC PREA Policy: Suspected Child Abuse 3. UETRJDC PREA Policy: Confidentiality 4. Guidelines for PREA Shared Information 5. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Facility Administrator) 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>Policy (page 1) Staff will report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the UETRJDC, in any other facility, or which falls under the umbrella of Tennessee Code Annotated 37-1-403. Staff will report immediately any retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment. Staff will report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>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.</p> <p>115.361 (b)</p> <p>PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>Policy (page 1) Staff are required to comply with mandatory child abuse reporting laws, Tennessee Code Annotated 37-1-403.</p> <p>Staff interviews confirmed they are aware of Tennessee laws related to mandatory reporting of sexual abuse.</p> <p>115.361 (c)</p> <p>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.</p> <p>Policy (page 1) With the exception of revealing necessary information to administration and/or State or local service agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security management decisions.</p> <p>Staff interviewed were knowledgeable that UETRJDC 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.</p> <p>115.361 (d)</p> <p>UETRJDC does not have full- or part-time medical and mental health care practitioners who work regularly in the facility.</p> <p>115.361 (e)</p> <p>Policy (page 2) Allegations of abuse occurring at the UETRJDC shall be reported to the appropriate agencies, the alleged victim's parents/legal guardians (unless facility has official documentation showing the parents or legal guardian should not</p>

be notified), and to the resident's court of jurisdiction. If the child is in State's custody, then the alleged victim's DCS caseworker will be notified in lieu of parents/guardians.

Notification of allegations to the juvenile's parents/guardians, court, or legal representative shall be given pursuant to the instructions of the Administrator. The Administrative Investigators shall first make a finding regarding the minimal level of credibility of the allegation. If the Administrative Investigators determine the allegation is minimally credible, notification to the parents/guardian, attorney, court of jurisdiction, Department of Children's Services, and if need be, a Johnson City Police Department representative, shall be made by the Administrator or designee.

The Facility Administrator stated when the facility receives an allegation of sexual abuse, she reports the allegation to the Tennessee Department of Children's Services (DCS), Johnson City Police Department (JCPD) if appropriate, the court of jurisdiction, and the parents or legal guardian. If the victim is under the guardianship of the child welfare system, she stated the allegation would be reported to the victim's DCS caseworker. The allegation would be reported to the appropriate parties once administration has gathered all of the necessary information and/or completed an initial investigation, and unless investigative assistance is needed for evidence collection, etc. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record as soon as possible.

The PREA Coordinator stated when the facility receives an allegation of sexual abuse, she immediately reports the allegation to the Facility Administrator and then DCS, JCPD, the court of jurisdiction per her instruction. Administration will decide when parents are notified. If the victim is under the guardianship of the child welfare system, she stated the allegation would be reported to the victim's caseworker. The allegation would be reported to the appropriate parties as soon as possible. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record as soon as possible.

115.361 (f)

Policy (page 2) All third-party allegations will be reported following the same guidelines as above.

The Facility Administrator confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported directly to designated facility investigators.

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	<p>Agency protection duties</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. UETRJDC PREA Policy: Official Response Following a Resident Report 2. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Facility Administrator) 2. Superintendent or Designee (Facility Administrator) 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>Policy (page 1) When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident.</p> <p>The Facility Administrator confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include any action necessary to protect the resident at risk, such as calling in extra staff or special housing accommodations. Staff are expected to respond immediately.</p> <p>Staff interviewed confirmed if they learn a resident is at risk of imminent sexual abuse, they will take immediate actions to protect the resident. These actions include removing the resident from harm, close observation, room reassignment, and separation during group activities.</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> <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. UETRJDC PREA Policy: Official Response Following a Resident Report 2. Reporting to Other Confinement Facilities Form 3. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Facility Administrator) 2. Superintendent or Designee (Facility Administrator) <p>Findings (By Provision):</p> <p>115.363 (a)</p> <p>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.</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p>Policy (page 2) Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the Administrator of the UETRJDC shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency, using Form Reporting to Other Confinement Facilities.</p> <p>115.363 (b)</p> <p>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.</p> <p>Policy (page 2) Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>115.363 (c)</p> <p>PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Policy (page 2) Notification shall be documented using the Reporting to Other Confinement Facilities Form.</p> <p>115.363 (d)</p> <p>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.</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy (page 2) Any allegation from any other agency or facility that a resident was sexually abused while confined in the UETRJDC shall be investigated in accordance with the facility's PREA standards.</p> <p>The Facility Administrator stated the allegation shall be investigated, DCS will be notified, and the outcome of the investigation shall be provided to the facility that initiated the allegation from the juvenile. She stated there are no examples of another facility or agency reporting such allegations.</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 other confinement facilities. No corrective action is required.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC PREA Policy: Official Response Following a Resident Report 2. First Responder Guidelines 3. First responder Checklist 4. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. UETRJDC PREA Policy: Official Response Following a Resident Report (revised July 9, 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, 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.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p>Of these allegations:</p> <ol style="list-style-type: none"> 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 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 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 <p>As part of corrective action, policy was revised to fully reflect the standard provision requirements (July 9, 2022).</p> <p>Policy (page 3) Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</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:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

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

Policy (page 3) The staff first responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then, if they are non-security staff, notify security staff and/or Classification Officer, PREA Coordinator/Manager, Administration. Form First Responder Checklist and Form First Responder Guidelines for Sexual Assault will be used to guide all staff members from that point.

Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.

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 staff first responder duties. Corrective action is complete.

Policy was revised to fully reflect the standard provision requirements (July 9, 2022).

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 331">Documents:</p> <ol data-bbox="240 338 691 398" style="list-style-type: none"> <li data-bbox="240 338 671 365">1. Sexual Abuse Response Team Protocol <li data-bbox="240 371 691 398">2. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 432 352 459">Interview:</p> <ol data-bbox="240 465 780 492" style="list-style-type: none"> <li data-bbox="240 465 780 492">1. Superintendent or Designee (Facility Administrator) <p data-bbox="240 521 347 548">Findings:</p> <p data-bbox="240 555 1461 616">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 data-bbox="240 645 1477 741">The Upper East Tennessee Regional Juvenile Detention Center Sexual Abuse Response Team Protocol is a written 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 data-bbox="240 770 1485 866">The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse. The Facility Administrator confirmed the facility has a plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, and facility leadership.</p> <p data-bbox="240 896 376 922">Conclusion:</p> <p data-bbox="240 929 1466 990">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>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 331">Documents:</p> <ol data-bbox="242 338 691 365" style="list-style-type: none"> 1. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="242 396 352 423">Interview:</p> <ol data-bbox="242 430 762 456" style="list-style-type: none"> 1. Agency Head or Designee (Facility Administrator) <p data-bbox="242 488 507 515">Findings (By Provision):</p> <p data-bbox="242 521 360 548">115.366 (a)</p> <p data-bbox="242 555 1474 616">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 data-bbox="242 647 1425 674">The Facility Administrator confirmed UETRJDC has not entered into or renewed any collective bargaining agreements.</p> <p data-bbox="242 705 360 732">115.366 (b)</p> <p data-bbox="242 739 1425 766">The Facility Administrator confirmed UETRJDC has not entered into or renewed any collective bargaining agreements.</p> <p data-bbox="242 797 376 824">Conclusion:</p> <p data-bbox="242 831 1468 920">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
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 333">Documents:</p> <ol data-bbox="240 338 987 432" style="list-style-type: none"> 1. UETRJDC PREA Policy: Official Response Following a Resident Report 2. Protection against Retaliation Form 3. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 463 363 492">Interviews:</p> <ol data-bbox="240 497 887 624" style="list-style-type: none"> 1. Agency Head (Facility Administrator) 2. Superintendent or Designee (Facility Administrator) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse <p data-bbox="240 656 507 685">Findings (By Provision):</p> <p data-bbox="240 689 360 719">115.367 (a)</p> <p data-bbox="240 723 1474 784">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.</p> <p data-bbox="240 815 1262 844">The Agency designates staff members or charges departments with monitoring for possible retaliation.</p> <p data-bbox="240 848 708 878">The names of the staff members: Ben Hannah</p> <p data-bbox="240 882 1023 911">The titles of the staff members: Detention Officer/ PREA Compliance Manager</p> <p data-bbox="240 943 1461 1070">Policy (page 3) It is UETRJDC policy to protect all juveniles and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other juveniles or staff. Retaliation is any adverse action taken because an individual exercised his/her right to report sexual abuse and/or cooperated with an investigation.</p> <p data-bbox="240 1102 360 1131">115.367 (b)</p> <p data-bbox="240 1135 1474 1263">Policy (page 3) The facility shall employ multiple protection measures in an effort to prevent instances of retaliation, such as housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="240 1294 1466 1422">The interview with the Facility Administrator confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations. The retaliation monitor may be asked in conjunction with Administrator and PREA Coordinator to make a recommendation regarding housing changes, removal of alleged abusers, and identifying support services needed for staff or residents.</p> <p data-bbox="240 1453 1474 1776">The Staff Member Charged with Monitoring Retaliation (Detention Officer/PREA Compliance Manager) stated the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes observing interactions of any staff or residents involved for any indication of retaliation and reporting to administration. He may also be asked to, in conjunction with the other PREA staff and administration, make recommendations about housing changes, removal of alleged abusers, and identifying support services for staff and residents. The different measures he would take to protect residents and staff from retaliation would include monitoring for changes that may suggest retaliation and acting quickly to inform administration and/or gather further information regarding the details of the suspected retaliation. He will also notify administration if someone expresses fear of retaliation, even if there is no evidence to support their fears. He stated he would initiate contact with residents who have reported sexual abuse in order to discuss incidents or fears of retaliation.</p> <p data-bbox="240 1807 360 1836">115.367 (c)</p> <p data-bbox="240 1841 1450 1933">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.</p> <p data-bbox="240 1937 1158 1966">The length of time that the agency and/or facility monitors the conduct or treatment: 90 days</p> <p data-bbox="240 1971 1458 2031">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.</p> <p data-bbox="240 2063 1035 2092">The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p data-bbox="240 2123 1474 2152">Policy (pages 3-4) For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct or treatment</p>

of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Monitoring shall be done using Form Protection against Retaliation.

Things the facility shall monitor include any juvenile disciplinary reports/level system score, housing or program (educational) changes, negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Facility Administrator stated measures she would take when she suspects retaliation would include whatever disciplinary action necessary, up to termination.

The Detention Officer/PREA Compliance Manager 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 for 90 days. Monitoring would continue beyond 90 days if needed.

The auditor observed the Protections Against Retaliation Form is formatted to monitor retaliation for 90 days and longer when needed.

115.367 (d)

Policy (page 4) In the case of juveniles, such monitoring shall also include periodic status checks, to determine if levels are lost for legitimate causes.

The Detention Officer/PREA Compliance Manager stated things he looks for to detect possible retaliation. He stated he will watch staff for changes in behavior, threats, reassignment of staff without cause, denial of rights and privileges, denial of time off, or negative performance reviews.

The auditor observed the Protections Against Retaliation Form is formatted for weekly status checks.

115.367 (e)

Policy (page 4) If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

The Facility Administrator stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measure to protect that individual against retaliation. These measures include whatever disciplinary action necessary, up to termination, and emotional support services.

115.367 (f)

Policy (page 4) UETRJDC's obligation to monitor for retaliation shall terminate if it is determined that the allegation is unfounded.

Conclusion:

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. No corrective action is required.

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. UETRJDC PREA Policy: Official Response Following a Resident Report 2. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Facility Administrator of Youth Center Operations) <p>Findings:</p> <p>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>Policy (page 4) Residents who allege to have suffered from sexual abuse may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all juveniles safe can be arranged. During any period of isolation, the facility shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health professional. Residents shall also have access to other programs to the extent possible. Documentation shall be maintained for these special management cases including the facility's concern for the resident's safety, and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford the resident a review to determine whether there is a continuing need for isolation from the general population.</p> <p>The Facility Administrator stated the facility does not isolation. There have been no incidents in which isolation was used to protect a resident who was alleged to have suffered sexual abuse. If isolation were to be used, residents would only be isolated from others as a last resort when less restrictive measures re inadequate to keep the, and other residents safe, and then only until an alternative means of keeping residents safe can be arranged.</p> <p>The auditor observed there were no isolation cells.</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 post-allegation protective custody. No corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 331">Documents:</p> <ol data-bbox="240 338 963 499" style="list-style-type: none"> 1. UETRJDC PREA Policy: Criminal and Administrative Investigations 2. NIC Certificates: Investigating Sexual Abuse in a Confinement Setting 3. Training Records 4. Investigation Report 5. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 528 363 555">Interviews:</p> <ol data-bbox="240 562 780 689" style="list-style-type: none"> 1. Superintendent or Designee (Facility Administrator) 2. PREA Coordinator 3. Investigative Staff (Administrative Investigations) 4. Residents who Reported a Sexual Abuse <p data-bbox="240 719 507 745">Findings (By Provision):</p> <p data-bbox="240 752 363 779">115.371 (a)</p> <p data-bbox="240 786 1214 813">PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="240 842 1465 969">Policy (page 1) It is the UETRJDC policy to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse, sexual assault, and sexual harassment. When UETRJDC conducts its own investigations into allegations of sexual misconduct, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p data-bbox="240 999 1465 1093">The PREA Coordinator confirmed an investigation following an allegation of sexual abuse or sexual harassment is initiated within 24 hours. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.</p> <p data-bbox="240 1122 1481 1184">The auditor reviewed one administrative investigative report for an unfounded allegation of resident-on-resident non-abusive sexual activity.</p> <p data-bbox="240 1214 363 1240">115.371 (b)</p> <p data-bbox="240 1247 759 1274">UETRJDC does not conduct criminal investigations.</p> <p data-bbox="240 1303 1433 1366">Policy (page 3) Administration shall receive special training in sexual abuse investigations involving juvenile victims and serve as the initial internal investigators of the facility.</p> <p data-bbox="240 1395 1465 1458">The auditor reviewed annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting.</p> <p data-bbox="240 1487 1469 1581">The PREA Coordinator confirmed she received training specific to conducting administrative sexual abuse and sexual harassment investigations in confinement settings. She confirmed receiving the specialized topics required by the standard provision.</p> <p data-bbox="240 1610 363 1637">115.371 (c)</p> <p data-bbox="240 1644 1481 1805">Policy (page 3) If within the margins of what Administrative Investigators have been trained to do, UETRJDC shall gather and preserve direct and circumstantial evidence (including any available physical and DNA evidence ONLY if instructed to by law enforcement OR risk of destruction of evidence is too great to delay action) and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="240 1834 1374 1861">The PREA Coordinator stated sexual abuse investigations are conducted by the Johnson City police Department.</p> <p data-bbox="240 1890 1481 1953">The auditor reviewed one administrative investigative report for an unfounded allegation of resident-on-resident non-abusive sexual activity. Video was reviewed and interviews were conducted.</p> <p data-bbox="240 1982 363 2009">115.371 (d)</p> <p data-bbox="240 2016 1437 2042">PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.</p> <p data-bbox="240 2072 1409 2134">Policy (page 4) UETRJDC shall not terminate an investigation solely because the source of the allegation recants the allegation.</p>

The PREA Coordinator confirmed an investigation does not terminate if the source of the allegation recants his/her allegation.

115.371 (e)

Policy (page 3) If the quality of evidence appears to support criminal prosecution, Administrative Investigators will conduct compelled interviews ONLY after consulting with prosecutors.

The PREA Coordinator confirmed when she discovers evidence that a prosecutable crime may have taken place, she would refer the allegation to DCS and the Johnson City Police Department. They would conduct compelled interviews.

115.371 (f)

Policy (page 3) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as juvenile or staff. The facility shall not require a juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The PREA Coordinator stated she judges the credibility of an alleged victim, suspect, or witness based on an individual basis. She confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

Policy (pages 2-3) In connection with every allegation, facility Administrator will also be responsible for determining whether personnel or work rule violations occurred, whether disciplinary action (personnel and/or resident) is warranted, whether policy and procedure has been followed in connection with the incident, and all other management concerns. Administrative investigations shall include an effort to determine whether staff action or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The PREA Coordinator stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include reviewing the cameras, logbook, etc. to determine whether or not a staff member had neglected to fulfill any responsibilities that may have contributed to a resident being abused. They may speak to their partner for insight into their behaviors. They would consider prior disciplinary actions and write ups as well. She confirmed administrative investigations are documented and include a description of physical and testimonial evidence, reasoning behind credibility assessments, investigative facts and findings, a timeline, summary of other reports (for example, from medical personnel), statements from residents and staff, and incident reports.

115.371 (h)

Policy (page 2) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

115.371 (i)

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

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

The Johnson City Police Department would refer substantiated allegations that appear to be criminal for prosecution.

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.

Policy (page 4) UETR/JDC shall retain all written reports relating to sexual abuse/assault/harassment for as long as the alleged abuser is under the jurisdiction of the juvenile court or employed by the agency, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.

The auditor reviewed one administrative investigative report for an unfounded allegation of resident-on-resident non-abusive sexual activity. The report was made within the 12-month audit period.

115.371 (k)

Policy (page 4) The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

The PREA Coordinator stated an investigation would continue when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. She stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation the

investigation would continue.

115.371 (m)

Policy (page 2) When outside agencies investigate sexual abuse the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the information.

The Facility Administrator confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. The facility will ask to be informed about the progress as much as possible (what their policies and procedures will allow) and will try to keep informed through the courts as well.

The PREA Coordinator stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. The facility will supply agencies with any evidence they may ask for, allow them to conduct interviews with residents/staff, and cooperate fully. She added, the facility will not attempt to hinder or interfere with the investigation

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.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC PREA Policy: Criminal and Administrative Investigations 2. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator (Administrative Investigations) <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>Policy (page 3) UETRJDC 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>The interview with the PREA Coordinator confirmed this policy.</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>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Reporting to residents
2. Juvenile Notification of Investigative Outcome Form
3. UETRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Facility Administrator)
2. Investigative Staff
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

Policy (page 1) It is UETRJDC policy that following an investigation into a juvenile's allegation of sexual abuse suffered in the facility, the Administrative Investigators shall inform the juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The Facility Administrator and PREA Coordinator 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 auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification residents are informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Residents sign that they have received the outcome notification.

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

Policy (page 1) If the facility did not conduct the investigation, the Administrative Investigators shall request the relevant information from the investigative agency in order to inform the juvenile.

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 a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

Policy (page 1) Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the facility shall inform the juvenile if the allegation was determined to be substantiated, unsubstantiated, or unfounded.

The facility shall subsequently inform the juvenile (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer assigned within the juvenile's living unit;
- The staff member is no longer employed at the facility.
- The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.

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.

Policy (page 2) Following a juvenile's allegation that he or she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:

- The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.

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 standard: 0
2. The number of those notifications that were documented: 0

Policy (page 2) All such notifications or attempted notifications shall be documented using Form Juvenile Notification of Investigative Outcome.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents described under this standard would be documented. The form is inclusive of the standard provision requirements.

115.373 (f)

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

Policy (page 2) The facility obligation to report shall terminate if the juvenile is released from the agency's custody.

Conclusion:

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.

115.376	Disciplinary sanctions for staff
	<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. UETRJDC PREA Policy: Disciplinary Sanctions for Residents and Staff 2. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.376 (a) PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Policy (page 1) Staff shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies.</p> <p>115.376 (b) 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 <p>Policy (page 1) Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>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.</p> <p>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</p> <p>Policy (page 1) 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.</p> <p>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.</p> <p>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: 0</p> <p>Policy (page 2) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and the Department of Children's Services, unless the activity was clearly not criminal.</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 disciplinary sanctions for staff. No corrective action is required.</p>

115.377	Corrective action for contractors and volunteers
	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. UETRJDC PREA Policy: Disciplinary Sanctions for Residents and Staff 2. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Facility Administrator) <p>Findings (by provision):</p> <p>115.377 (a)</p> <p>PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>Policy (page 3) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies and the Department of Children’s Services, unless the activity was clearly not criminal.</p> <p>115.377 (b)</p> <p>PAQ: The facility 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.</p> <p>Policy (page 3) The UETRJDC will take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The Facility Administrator stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. If they violated PREA policy, they would no longer be able to have any contact with residents and/or would not be welcome back to the facility; services terminated. If volunteer/contractor engaged in sexual abuse, they shall be reported to law enforcement agencies and DCS.</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 corrective action for contractors and volunteers. No corrective action is required.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<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. UETRJDC PREA Policy: Disciplinary Sanctions for Residents and Staff 2. UETRJDC PREA Policy: Due Process Procedures 3. UETRJDC PREA Policy: Criminal Violations 4. UETRJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Facility Administrator) <p>Findings (by provision):</p> <p>115.378 (a)</p> <p>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>In the past 12 months:</p> <ol 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>Policy (page 2) A juvenile may be subject to disciplinary sanctions by the Administrator only pursuant to a formal Due Process disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse.</p> <p>115.378 (b)</p> <p>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> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 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 <p>Policy (page 2) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a juvenile, facilities shall not deny the juvenile daily large-muscle exercise or access to any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from Administrator. Juveniles shall also have access to other programs and opportunities to the extent possible. Documentation will be made for special management cases.</p> <p>The Facility Administrator discussed disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse. She stated the disciplinary procedure follows due process. Discipline is commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles. If a disciplinary sanction results in the isolation of a resident, there would be no denial of exercise or education and the resident will receive daily visits from the Administrator or designee.</p> <p>115.378 (c)</p> <p>Policy (page 2) The Administrator shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p>

The Facility Administrator 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.

Policy (page 2) The facility may make a recommendation to the aggressor's court of jurisdiction so that they may coordinate therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. However, if a resident declined to participate in such interventions, his/her general programming or education would not be adversely affected. The decision of a resident to decline such therapies may adversely affect his or her behavior-based incentives (to the extent of which this would affect the detention center as a whole), at the discretion of the Administrator.

UETRJDC does not have full- or part-time medical and mental health care practitioners who work regularly in the facility.

The Facility Administrator stated the facility will attempt to set up therapy, etc. with an aggressor's Courts of Jurisdiction. Failure to participate may affect behavior-based incentives at the Administrator's discretion.

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.

Policy (page 2) The facility may discipline a juvenile 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.

Policy (page 2) 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 will 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.

Policy (page 3) UETRJDC prohibits all sexual activity between juveniles and may discipline juveniles for such activity. UETRJDC, however, does not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Conclusion:

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. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 333">Documents:</p> <ol data-bbox="240 338 780 465" style="list-style-type: none"> 1. UETRJDC PREA Policy: Medical and Mental Care 2. Resident Request for Medical or Mental Care Form 3. Consent to Report to DCS Form 4. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 495 363 524">Interviews:</p> <ol data-bbox="240 528 900 622" style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening <p data-bbox="240 651 504 680">Findings (by provision):</p> <p data-bbox="240 685 363 714">115.381 (a)</p> <p data-bbox="240 719 1469 846">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.</p> <p data-bbox="240 875 1469 936">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: 100%</p> <p data-bbox="240 965 1445 1093">Policy (page 1) If during the intake process, or at any other point in time while in the custody of UETRJDC, a resident discloses that he or she 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.</p> <p data-bbox="240 1122 1485 1216">As a component of the initial screening during the intake process (see Policy Screening for Risk of Sexual Victimization and Abusiveness), staff will ask any resident who discloses prior abuse and/or has perpetrated prior abuse if he or she would like mental health services.</p> <p data-bbox="240 1245 1485 1346">If the resident has stated that he or she would like mental health services, staff will alert the court of jurisdiction using Form Resident Request for Medical or Mental Care. A copy of this form will be kept in the resident's file, and a copy will be given to the PREA Manager for maintaining records.</p> <p data-bbox="240 1375 1481 1503">The intake staff responsible for risk screening (Classification Officer) 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. He stated follow-up care is offered during the intake process. If the resident wants follow-up care, the court is contacted as soon as possible.</p> <p data-bbox="240 1532 1481 1592">One resident was identified as reporting prior sexual victimization during risk screening. The resident stated she was offered but declined a meeting with a mental health care practitioner.</p> <p data-bbox="240 1621 1485 1682">The auditor reviewed one Resident Request for Medical or Mental Care of a resident who disclosed prior victimization during risk screening. The follow-up meeting was offered within the required time frame.</p> <p data-bbox="240 1711 363 1740">115.381 (b)</p> <p data-bbox="240 1744 1474 1872">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.</p> <p data-bbox="240 1901 1485 1962">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: 100%</p> <p data-bbox="240 1991 1485 2092">Policy (page 1) If the screening process 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.</p> <p data-bbox="240 2121 1474 2148">As a component of the initial screening during the intake process (see Policy Screening for Risk of Sexual Victimization and</p>

Abusiveness), staff will ask any resident who discloses prior abuse and/or has perpetrated prior abuse if he or she would like mental health services.

If the resident has stated that he or she would like mental health services, staff will alert the court of jurisdiction using Form Resident Request for Medical or Mental Care. A copy of this form will be kept in the resident's file, and a copy will be given to the PREA Manager for maintaining records.

The Classification Officer 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. He stated follow-up care is offered during the intake process. If the resident wants follow-up care, the court is contacted as soon as possible.

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.

Policy (page 2) Any information related to sexual victimization or abusiveness that occurred in an institutional setting or in the community (disclosed to staff) will be strictly limited to medical and mental health practitioners, court of jurisdiction, and UETRJDC staff, as necessary to inform treatment plans and security management decisions, or as otherwise required by Federal, State, or local law. The only staff members privy to detailed abuse reports will be the staff member who made the report (to whom the resident disclosed), Classification Officer, PREA Manager, and/or Administrator.

The auditor observed that information is securely retained in the resident files.

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.

Policy (page 2) If a resident is under the age of 18, it is mandatory that staff report prior sexual victimization to the Tennessee Department of Children's Services. If a resident is 18 or over, staff shall obtain informed consent before reporting the victimization. Staff will use Form Consent to Report to DCS.

UETRJDC does not have full- or part-time medical and mental health care practitioners who work regularly in the facility.

Conclusion:

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. No corrective action is required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Medical and Mental Care
2. UETRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Staff
2. Residents who Reported a Sexual Abuse
3. Security Staff and Non-Security Staff First Responders

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.382 (a)

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.

Policy (page 2) 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 judgement.

UETRJDC does not have full- or part-time medical and mental health care practitioners who work regularly in the facility.

115.382 (b)

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 appropriate medical and mental health practitioners.

Policy (page 2) Staff first responders will take preliminary steps to protect the victim(s) (see Policy Official Response Following a Resident Report) and shall immediately notify appropriate medical and mental health practitioners if need be.

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.

Policy (page 2) 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.

UETRJDC does not have full- or part-time medical and mental health care practitioners who work regularly in the facility.

There were no residents who reported a sexual abuse.

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.

Policy (page 2) 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 from the incident.

Conclusion:

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. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 331">Documents:</p> <ol data-bbox="240 338 772 398" style="list-style-type: none"> 1. UETRJDC PREA Policy: Medical and Mental Care 2. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 432 363 459">Interviews:</p> <ol data-bbox="240 465 679 526" style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse <p data-bbox="240 555 528 582">Site Review Observations:</p> <p data-bbox="240 589 759 616">Observations during on-site review of physical plant</p> <p data-bbox="240 645 501 672">Findings (by provision):</p> <p data-bbox="240 678 360 705">115.383 (a)</p> <p data-bbox="240 712 1474 772">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 data-bbox="240 801 1485 862">Policy (page 2) The facility will 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 data-bbox="240 891 906 918">Treatment would be provided at Ballad Health and Frontier Health.</p> <p data-bbox="240 947 360 974">115.383 (b)</p> <p data-bbox="240 981 1445 1077">Policy (page 2) 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 data-bbox="240 1106 1442 1133">UETRJDC does not have full- or part-time medical and mental health care practitioners who work regularly in the facility.</p> <p data-bbox="240 1162 788 1189">There were no residents who reported a sexual abuse.</p> <p data-bbox="240 1218 360 1245">115.383 (c)</p> <p data-bbox="240 1252 1461 1312">The facility shall provide such victims with medical and mental health services consistent with the community level of care. UETRJDC does not have full- or part-time medical and mental health care practitioners who work regularly in the facility.</p> <p data-bbox="240 1341 360 1368">115.383 (d)</p> <p data-bbox="240 1375 1321 1402">Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="240 1431 1481 1458">Policy (page 2) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p data-bbox="240 1487 788 1514">There were no residents who reported a sexual abuse.</p> <p data-bbox="240 1543 360 1570">115.383 (e)</p> <p data-bbox="240 1576 1422 1637">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.</p> <p data-bbox="240 1666 1489 1727">Policy (page 3) If pregnancy results from conduct from sexually abusive vaginal penetration, such victims shall receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services.</p> <p data-bbox="240 1756 788 1783">There were no residents who reported a sexual abuse.</p> <p data-bbox="240 1812 360 1839">115.383 (f)</p> <p data-bbox="240 1845 1461 1906">PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="240 1935 1474 1995">Policy (page 3) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriated.</p> <p data-bbox="240 2024 788 2051">There were no residents who reported a sexual abuse.</p> <p data-bbox="240 2080 360 2107">115.383 (g)</p> <p data-bbox="240 2114 1449 2141">PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the</p>

abuser or cooperates with any investigation arising out of the incident.

There were no residents who reported a sexual abuse.

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.

Policy (page 3) The facility shall attempt to orchestrate, with the resident's court of jurisdiction, 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.

UETRJDC does not have full- or part-time medical and mental health care practitioners who work regularly in the facility.

Conclusion:

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. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Sexual Abuse Incident Reviews and Data
2. Sexual Abuse/Sexual Assault Critical Incident Review Form
3. UETRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Facility Administrator)
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

Policy (page 1) The facility Administrator, PREA Coordinator, and PREA Manager shall conduct a sexual abuse incident review using Form Sexual Abuse Critical 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.

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

Policy (page 1) Such review shall ordinarily occur 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.

Policy (page 1) The review team shall include upper-level management officials, with input from all UETRJDC staff, investigators, and/or medical or mental health practitioners.

The Facility Administrator 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.

Policy (page 1) The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement.

The Facility Administrator was interviewed as a member of the sexual abuse incident review team. She 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. She confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. She stated the team use the information from the sexual abuse incident review to prevent future abuse by changing any policy or practices identified as a problem area, raise awareness and identify a need for better or more specific training.

The auditor reviewed the Sexual Abuse/Sexual Assault Critical Incident Review Form. The form is inclusive of the standard provision requirements.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

Policy (page 2) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

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.

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 376 333">Documents:</p> <ol data-bbox="242 338 935 432" style="list-style-type: none"> 1. UETRJDC PREA Policy: Sexual Abuse Incident Reviews and Data 2. Annual Report of Sexual Violence for UETRJDC (2018-2021) 3. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="242 461 504 490">Findings (by provision):</p> <p data-bbox="242 495 363 524">115.387 (a)</p> <p data-bbox="242 528 1437 656">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.</p> <p data-bbox="242 685 1453 748">Policy (page 2) UETRJDC shall collect accurate, uniform data for every allegation of sexual abuse at the facility using the Department of Justice Form SSV-IJ Survey of Sexual Violence Incident Form.</p> <p data-bbox="242 777 1430 840">The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p data-bbox="242 869 363 898">115.387 (b)</p> <p data-bbox="242 902 1094 931">PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="242 960 1485 1023">Policy (page 2) The facility will aggregate the incident-based sexual abuse data at least annually and make it available to the public.</p> <p data-bbox="242 1052 834 1081">The auditor reviewed the aggregated data from 2018-2021.</p> <p data-bbox="242 1111 363 1140">115.387 (c)</p> <p data-bbox="242 1144 1481 1207">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.</p> <p data-bbox="242 1236 1458 1299">Policy (page 2) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="242 1328 1430 1391">The auditor reviewed the Critical Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p data-bbox="242 1420 363 1449">115.387 (d)</p> <p data-bbox="242 1453 1458 1516">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.</p> <p data-bbox="242 1545 1461 1608">Policy (page 2) UETRJDC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 1637 1489 1700">The auditor reviewed one incident report of an administrative investigation of an unfounded allegation of resident-on-resident sexual harassment.</p> <p data-bbox="242 1729 405 1758">115.387 (e) N/A</p> <p data-bbox="242 1762 884 1792">UETRJDC does not contract for the confinement of its residents.</p> <p data-bbox="242 1821 405 1850">115.387 (f) N/A</p> <p data-bbox="242 1854 1090 1883">The Department of Justice (DOJ) did not request data for the previous calendar year.</p> <p data-bbox="242 1912 376 1942">Conclusion:</p> <p data-bbox="242 1946 1469 2009">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. No corrective action is required.</p>

115.388

Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. UETRJDC PREA Policy: Sexual Abuse Incident Reviews and Data
2. Annual Report of Sexual Violence for UETRJDC (2018-2021)
3. UETRJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head or Designee (Facility Administrator)
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.

Policy (page 2) The Administrator and PREA Manager shall annually review data collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies and practices, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of findings and corrective actions for the facility.

The Facility Administrator and 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 standard provision requirements. The 2018-2021 annual reports are published on the agency's website at <http://www.elyjennetention.com/PREA.html>. The reports are inclusive of annual data comparisons and corrective actions.

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.

Policy (page 2) The Annual PREA Report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of progress in addressing sexual abuse.

The auditor reviewed the annual reports and determined they are inclusive of the standard provision requirements.

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.

Policy (page 2) The Annual PREA Report shall be approved by the Administrator and made readily available to the public through the ElyJenn Detention Services website.

The auditor observed the report is published on the agency's website at <http://www.elyjennetention.com/PREA.html>. The auditor observed the report is approved by the Facility Administrator.

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.

Policy (page 2) The facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The auditor reviewed the annual reports and observed no identifying information.

Conclusion:

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. No corrective action is required.

115.389	Data storage, publication, and destruction
	<p data-bbox="240 143 740 172">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 333">Documents:</p> <ol data-bbox="240 338 935 432" style="list-style-type: none"> 1. UETRJDC PREA Policy: Sexual Abuse Incident Reviews and Data 2. Annual Report of Sexual Violence for UETRJDC (2018-2021) 3. UETRJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 463 352 492">Interview:</p> <ol data-bbox="240 497 456 526" style="list-style-type: none"> 1. PREA Coordinator <p data-bbox="240 555 504 584">Findings (by provision):</p> <p data-bbox="240 589 363 618">115.389 (a)</p> <p data-bbox="240 622 1129 651">PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="240 680 1493 775">Policy (page 3) The PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by the PREA Law of 2003. All data collected in pursuant to this requirement will be securely retained and stored, made only accessible to necessary staff.</p> <p data-bbox="240 804 1458 898">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.</p> <p data-bbox="240 927 363 956">115.389 (b)</p> <p data-bbox="240 960 1458 1025">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.</p> <p data-bbox="240 1055 1485 1117">Policy (page 3) When deemed necessary to make aggregated sexual abuse data publicly available, UETRJDC shall remove all personal identifiers.</p> <p data-bbox="240 1146 959 1176">The auditor reviewed published annual reports on the agency's website.</p> <p data-bbox="240 1205 363 1234">115.389 (c)</p> <p data-bbox="240 1238 1382 1267">PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p data-bbox="240 1296 1485 1359">Policy (page 3) When deemed necessary to make aggregated sexual abuse data publicly available, UETRJDC shall remove all personal identifiers.</p> <p data-bbox="240 1388 1410 1417">The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p data-bbox="240 1447 363 1476">115.389 (d)</p> <p data-bbox="240 1480 1477 1545">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.</p> <p data-bbox="240 1574 1469 1668">Policy (page 3) The facility shall maintain sexual abuse data collected to supply to the Department of Justice (Form SSV-IJ Survey of Sexual Violence Incident Form) for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="240 1697 376 1727">Conclusion:</p> <p data-bbox="240 1731 1469 1796">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. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. UETRJDC 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>During the three-year period starting on August 20, 2013, and the current audit cycle, the Upper East Tennessee Regional Juvenile Detention Center was first audited in 2019.</p> <p>The auditor was given access to, and the ability to observe, all areas of the UETRJDC. 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>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. UETRJDC Pre-Audit Questionnaire (PAQ) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p>Findings: All Upper East Tennessee Regional Juvenile Detention Center PREA Audit Reports are published on the agency's website at http://www.elyjennndetention.com/PREA.html.</p> <p>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 audit contents and findings. No corrective action is required.</p>

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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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.)	na
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 functions of the facility? (N/A for non-secure facilities)	yes
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)	yes
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 determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
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?	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 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: Residents who have speech 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: 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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 (c)	Hiring and promotion decisions	
	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?	yes
	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 employees?	yes
	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.)	yes
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.)	yes

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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
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.)	yes

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?	yes
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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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?	yes
	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).)	yes

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).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
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).)	yes
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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
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.)	na
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.)	na

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.)	na
	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.)	na
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 the agency attempt to ascertain information about: Age?	yes
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
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 making facility and housing placement decisions and programming assignments?	yes
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 entity or office that is not part of the agency?	yes
	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.)	yes
	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.)	yes

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.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
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.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

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.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
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.)	yes
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?	yes
	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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
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 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?	yes
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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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 accordance with these standards?	yes

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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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).)	yes
	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).)	yes

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 (f)	Criminal and administrative agency investigations	
	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 does not provide a basis for terminating an investigation?	yes

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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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 cooperates with any investigation arising out of the incident?	yes
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 the confinement of its residents.)	na
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.)	yes
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 publication would present a clear and specific threat to the safety and security of a facility?	yes
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