

# PREA Facility Audit Report: Final

**Name of Facility:** Tennessee Valley Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/22/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



**Auditor Full Name as Signed:** Robert Burns Latham

**Date of Signature:** 06/22/2025

## AUDITOR INFORMATION

**Auditor name:** Latham, Robert

**Email:** robertblatham@icloud.com

**Start Date of On-Site Audit:** 04/28/2025

**End Date of On-Site Audit:** 04/29/2025

## FACILITY INFORMATION

**Facility name:** Tennessee Valley Juvenile Detention Center

**Facility physical address:** 2216 Missouri Street, Tuscumbia, Alabama - 35674

**Facility mailing address:**

## Primary Contact

|                          |                    |
|--------------------------|--------------------|
| <b>Name:</b>             | TINA JACKSON       |
| <b>Email Address:</b>    | tjackson@tvjdc.com |
| <b>Telephone Number:</b> | 256-381-3520       |

| <b>Superintendent/Director/Administrator</b> |                    |
|----------------------------------------------|--------------------|
| <b>Name:</b>                                 | TINA JACKSON       |
| <b>Email Address:</b>                        | tjackson@tvjdc.com |
| <b>Telephone Number:</b>                     | 256-381-3520       |

| <b>Facility PREA Compliance Manager</b> |  |
|-----------------------------------------|--|
| <b>Name:</b>                            |  |
| <b>Email Address:</b>                   |  |
| <b>Telephone Number:</b>                |  |

| <b>Facility Characteristics</b>                                                                                                                                                                                                                                      |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Designed facility capacity:</b>                                                                                                                                                                                                                                   | 25                            |
| <b>Current population of facility:</b>                                                                                                                                                                                                                               | 23                            |
| <b>Average daily population for the past 12 months:</b>                                                                                                                                                                                                              | 21                            |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                                                                                                                                                                       | No                            |
| <b>What is the facility's population designation?</b>                                                                                                                                                                                                                | Both women/girls and men/boys |
| <b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b> |                               |

|                                                                                                                                                                                   |                                       |
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| <b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b> |                                       |
| <b>Age range of population:</b>                                                                                                                                                   | 11-18                                 |
| <b>Facility security levels/resident custody levels:</b>                                                                                                                          | secure/close supervision/temp holding |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                                                                                    | 24                                    |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>                                                              | 3                                     |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>                                                                          | 13                                    |

| <b>AGENCY INFORMATION</b>                                    |                                                  |
|--------------------------------------------------------------|--------------------------------------------------|
| <b>Name of agency:</b>                                       | ElyJenn Detention of Northwest Alabama, LLC.     |
| <b>Governing authority or parent agency (if applicable):</b> |                                                  |
| <b>Physical Address:</b>                                     | 2216 Missouri Street, Tuscumbia, Alabama - 35674 |
| <b>Mailing Address:</b>                                      |                                                  |
| <b>Telephone number:</b>                                     | 2563813520                                       |

| <b>Agency Chief Executive Officer Information:</b> |                      |
|----------------------------------------------------|----------------------|
| <b>Name:</b>                                       | Tobey Robertson      |
| <b>Email Address:</b>                              | trobertson@tvjdc.com |
| <b>Telephone Number:</b>                           | 2563813520           |

| <b>Agency-Wide PREA Coordinator Information</b> |
|-------------------------------------------------|
|-------------------------------------------------|

|              |              |                       |                    |
|--------------|--------------|-----------------------|--------------------|
| <b>Name:</b> | Tina Jackson | <b>Email Address:</b> | tjackson@tvjdc.com |
|--------------|--------------|-----------------------|--------------------|

## Facility AUDIT FINDINGS

### 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: | 2025-04-28 |
| 2. End date of the onsite portion of the audit:   | 2025-04-29 |

#### Outreach

|                                                                                                                                                                                                         |                                                                                                                                                                  |
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| 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<br><input type="radio"/> No                                                                                                 |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:                                                                                                         | <ul style="list-style-type: none"><li>• Alabama Department of Youth Services</li><li>• Just Detention International</li><li>• Cramer Children's Center</li></ul> |

### AUDITED FACILITY INFORMATION

|                                                                                  |                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. Designated facility capacity:                                                | 34                                                                                                                                                                                                 |
| 15. Average daily population for the past 12 months:                             | 12                                                                                                                                                                                                 |
| 16. Number of inmate/resident/detainee housing units:                            | 4                                                                                                                                                                                                  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><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**

|                                                                                                                                                                                                                                                                      |    |
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| <b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>                                                                                                                                 | 23 |
| <b>19. 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:</b>                                                                                                  | 0  |
| <b>20. 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:</b> | 0  |
| <b>21. 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:</b>                                                                        | 0  |
| <b>22. 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:</b>                                                                                             | 0  |
| <b>23. 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:</b>                                                                                    | 0  |
| <b>24. 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:</b>                                                                                   | 0  |

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| <b>25. 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:</b>                                                                                   | 0                                                                                                                                                                                                                                                       |
| <b>26. 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:</b>                                                                                                 | 0                                                                                                                                                                                                                                                       |
| <b>27. 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:</b>                                                            | 3                                                                                                                                                                                                                                                       |
| <b>28. 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:</b>                                     | 0                                                                                                                                                                                                                                                       |
| <b>29. 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):</b> | There were 23 residents in the facility as of the first day of the onsite portion of the audit. There were 19 male residents and four female residents. Three residents were identified who disclosed prior sexual victimization during risk screening. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>                                                                                                                                                 |                                                                                                                                                                                                                                                         |
| <b>30. 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:</b>                                                                                             | 25                                                                                                                                                                                                                                                      |
| <b>31. 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:</b>                                                                                 | 5                                                                                                                                                                                                                                                       |

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| 32. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 33. 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.                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>INTERVIEWS</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Inmate/Resident/Detainee Interviews</b>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Random Inmate/Resident/Detainee Interviews</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 34. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:                                                                                                       | 7                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 35. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)                                                      | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input checked="" type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
| 36. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?                                                                               | Residents were interviewed from each of the three living units currently in use. There is a fourth living unit with no residents.                                                                                                                                                                                                                                                                                    |
| 37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?                                                                                                      | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <b>38. 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):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The auditor was provided with a roster of residents confined on the first day of the onsite audit. The auditor selected residents from each living unit with consideration given to age, race, ethnicity, gender, and length of time in the facility. Additionally, the auditor was provided with lists of residents for selecting targeted interviews.                                                                       |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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> |                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div data-bbox="815 1552 1469 1713"> <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.         </div> <div data-bbox="815 1760 1469 1839"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.         </div> |

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| <b>40. 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).</b>                         | Corroboration methods included interviewing staff and residents.                                                                                                                                                                                                                                                                    |
| <b>41. 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:</b> | 0                                                                                                                                                                                                                                                                                                                                   |
| <b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                                              | <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> |
| <b>41. 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).</b>                         | Corroboration methods included interviewing staff and residents.                                                                                                                                                                                                                                                                    |
| <b>42. 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:</b>                                                                  | 0                                                                                                                                                                                                                                                                                                                                   |

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| <p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>42. 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).</b></p> | <p>Corroboration methods included interviewing staff and residents.</p>                                                                                                                                                                                                                                                             |
| <p><b>43. 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:</b></p>                                                                     | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>43. 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).</b></p> | <p>Corroboration methods included interviewing staff and residents.</p>                                                                                                                                                                                                                                                             |
| <p><b>44. 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:</b></p>                                                            | <p>0</p>                                                                                                                                                                                                                                                                                                                            |

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| <p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>44. 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).</b></p> | <p>Corroboration methods included interviewing staff and residents.</p>                                                                                                                                                                                                                                                             |
| <p><b>45. 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:</b></p>                                      | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>45. 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).</b></p> | <p>Corroboration methods included interviewing staff and residents and reviewing risk screening information.</p>                                                                                                                                                                                                                    |
| <p><b>46. 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:</b></p>                                        | <p>0</p>                                                                                                                                                                                                                                                                                                                            |

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| <p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>46. 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).</b></p> | <p>Corroboration methods included interviewing staff and residents and reviewing risk screening information.</p>                                                                                                                                                                                                                    |
| <p><b>47. 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:</b></p>                                                                      | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>47. 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).</b></p> | <p>Corroboration methods included interviewing staff and residents. There were no reported allegations of sexual abuse or sexual harassment.</p>                                                                                                                                                                                    |
| <p><b>48. 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:</b></p>                     | <p>3</p>                                                                                                                                                                                                                                                                                                                            |

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| <b>49. 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:</b> | 0                                                                                                                                                                                                                                                                                                                                               |
| <b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                                                                                | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| <b>49. 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).</b>                                                           | Corroboration methods included interviewing staff and residents.                                                                                                                                                                                                                                                                                |
| <b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>                                                                                                                                | The auditor was provided with lists of residents for selecting targeted interviews. In addition to picking residents from the lists, the auditor corroborated the information provided by interviewing staff and residents and reviewing risk screening information.                                                                            |
| <b>Staff, Volunteer, and Contractor Interviews</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                 |
| <b>Random Staff Interviews</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                 |
| <b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>                                                                                                                                                                                                                                                        | 12                                                                                                                                                                                                                                                                                                                                              |

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| <b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>                                                                                                                                                           | <input type="checkbox"/> Length of tenure in the facility<br><input type="checkbox"/> Shift assignment<br><input type="checkbox"/> Work assignment<br><input type="checkbox"/> Rank (or equivalent)<br><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)<br><input type="checkbox"/> None |
| <b>If "Other," describe:</b>                                                                                                                                                                                                                                                          | Gender, race, ethnicity, and languages spoken were considered. Three staff members were bilingual in English and Spanish.                                                                                                                                                                                                |
| <b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>                                                                                                                                                                                                    | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                                                         |
| <b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>                                                                          | The auditor was provided a roster on the first day of the onsite audit. Staff were selected all housing units and from each shift. To enable a cross section of staff interviewed, the auditor considered, length of tenure in the facility, rank, work assignments, gender, race, ethnicity, and languages spoken.      |
| <b>Specialized Staff, Volunteers, and Contractor Interviews</b>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                          |
| 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. |                                                                                                                                                                                                                                                                                                                          |
| <b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>                                                                                                                                                   | 12                                                                                                                                                                                                                                                                                                                       |
| <b>56. Were you able to interview the Agency Head?</b>                                                                                                                                                                                                                                | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                                                         |

|                                                                                                      |                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                 |
| <b>58. Were you able to interview the PREA Coordinator?</b>                                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                 |
| <b>59. Were you able to interview the PREA Compliance Manager?</b>                                   | <input type="radio"/> Yes<br><input type="radio"/> No<br><br><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) |

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

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

|                                                                                                                                            |                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                            | <input type="checkbox"/> Other                                                                                                                                                                                                                                                      |
| <b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                            | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                    |
| <b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>                                                                      | 1                                                                                                                                                                                                                                                                                   |
| <b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>  | <input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input checked="" type="checkbox"/> Religious<br><input type="checkbox"/> Other                                                   |
| <b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                    |
| <b>62. Enter the total number of CONTRACTORS who were interviewed:</b>                                                                     | 2                                                                                                                                                                                                                                                                                   |
| <b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Security/detention<br><input type="checkbox"/> Education/programming<br><input checked="" type="checkbox"/> Medical/dental<br><input type="checkbox"/> Food service<br><input type="checkbox"/> Maintenance/construction<br><input type="checkbox"/> Other |
| <b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>                                          | The auditor was provided a roster for staff and contractors and a list of volunteers.                                                                                                                                                                                               |

## 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.

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>                                                                                                                                                                                | <p>The auditor had access to all areas of the facility. During the site review the auditor had informal, conversations with residents and staff. The auditor tested the following critical functions:</p> <ul style="list-style-type: none"> <li>• The facility's process for securing interpretation services on-demand (LanguageLine)</li> <li>• Internal reporting methods for confined persons (grievance)</li> <li>• External reporting methods for confined persons (Alabama Department of Youth Services Sexual Assault Hotline)</li> <li>• Access to outside emotional support services (Craner Children's Center)</li> <li>• Third-Party Reporting (emailing a third-party reporting form by following published instructions)</li> </ul> |
| <p><b>Documentation Sampling</b></p>                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>70. 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?</b></p>                                                                                                                                                                                      | <p> <input checked="" type="radio"/> Yes<br/> <input type="radio"/> No         </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>                                                                                                                                                                           | <p>The auditor selected documents for staff interviewed and additional documents though corrective action. Documents reviewed included personnel records and training records. The auditor reviewed documents for residents interviewed and additional historical documents for the 12-month audit period. Documents reviewed included intake records, initial risk screens, risk reassessments, and use of screening information.</p>                                                                                                                                                                                                                                                                                                             |

## 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.

#### 72. 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                                                                         |

**73. 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 |
|-------------------------------------------|------------------------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0                                  | 0                            | 0                                  | 0                                                                         |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0                                                                         |
| <b>Total</b>                              | 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.

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

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

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                         | 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.

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

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

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

|                                           | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                              | 0       | 0         | 0               | 0             |

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

0

**78. Explain why you were unable to review any sexual abuse investigation files:**

There were no reallegations sexual abuse.

|                                                                                                                                                                  |                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)                  |
| <b>Inmate-on-inmate sexual abuse investigation files</b>                                                                                                         |                                                                                                                                                                                              |
| <b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                         | 0                                                                                                                                                                                            |
| <b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>                                                 | <input type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>                                           | <input type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>Staff-on-inmate sexual abuse investigation files</b>                                                                                                          |                                                                                                                                                                                              |
| <b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                          | 0                                                                                                                                                                                            |
| <b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>                                                  | <input type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)  |

|                                                                                                                                                                       |                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>                                                 | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| <b>Sexual Harassment Investigation Files Selected for Review</b>                                                                                                      |                                                                                                                                                                                           |
| <b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                                                                          | 0                                                                                                                                                                                         |
| <b>86. Explain why you were unable to review any sexual harassment investigation files:</b>                                                                           | There were no reported allegations sexual harassment.                                                                                                                                     |
| <b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)                  |
| <b>Inmate-on-inmate sexual harassment investigation files</b>                                                                                                         |                                                                                                                                                                                           |
| <b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                                                         | 0                                                                                                                                                                                         |
| <b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>                                                               | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

|                                                                                                                                      |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>          | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>Staff-on-inmate sexual harassment investigation files</b>                                                                         |                                                                                                                                                                                           |
| <b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                         | 0                                                                                                                                                                                         |
| <b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>                 | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)  |
| <b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>           | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)  |
| <b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b> | No text provided.                                                                                                                                                                         |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

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

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>Tennessee Valley Juvenile Detention Center Organizational Chart</li> <li>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>Interview with PREA coordinator</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>15.311 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> 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</p> |

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (pages 1-4):

The Prison Rape Elimination Act of 2003 establishes a zero tolerance standard for the incidence of inmate sexual assault and rape; makes prevention of inmate sexual assault and sexual harassment a top priority in each corrections facility; develops/ implements national standards for the detection, prevention, and punishment of prison rape; increases available data and information of the incidence of incarcerated juvenile sexual assault and sexual harassment; standardizes the definitions used for data collection; increases accountability of corrections officials who fail to detect, prevent, reduce and punish prison rape; and protects the Eighth Amendment rights of incarcerated juveniles.

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**15.311 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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 as the juvenile detention Director. The PREA coordinator reports to the Executive Director.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 1):

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>TVJDC shall designate a PREA Coordinator with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/> Interview with the PREA coordinator:<br/> The PREA coordinator stated they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the facility.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.311 (c)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> The facility has not designated a PREA Compliance Manager.<br/> Tennessee Valley Juvenile Detention Center is a single entity agency. There is no PREA compliance manager.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <b>115.312</b> | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.312 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:</p> <ol style="list-style-type: none"> <li>1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 0</li> <li>2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: N/A</li> </ol> <p><b>Finding:</b></p> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.312 (b)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor’s compliance with PREA Standards: N/A</p> <p>Tennessee Valley Juvenile Detention Center does not contract for the confinement of its residents.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <b>115.313</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Staffing, Facility, and Technology Assessment</li> <li>• 2023 Tennessee Valley Juvenile Detention Center Staffing Plan</li> <li>• 2024 Tennessee Valley Juvenile Detention Center Staffing Plan</li> <li>• 2025 Tennessee Valley Juvenile Detention Center Staffing Plan</li> <li>• Logbook entries: unannounced rounds</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with superintendent (director)</li> <li>• Interview with PREA coordinator</li> <li>• Interview with intermediate or higher-level facility staff</li> <li>• Site review</li> </ul> <p><b>Evidence (corrective action):</b></p> <ul style="list-style-type: none"> <li>• Statement regarding unannounced rounds (04/01/2025)</li> <li>• Additional unannounced rounds for April and May 2025 (06/01/2025)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.313 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:</p> |

Since the 2022 PREA audit:

- The average daily number of residents: 21
- The average daily number of residents on which the staffing plan was predicated: 25

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 4):

The TVJDC develops a staffing plan that provides for levels of staffing, and where applicable, video monitoring to protect detainees against abuse.

Staffing plan:

The auditor reviewed the Tennessee Valley Juvenile Detention Center Staffing Plan and observed the plan is inclusive of the standard provision requirements. The evidence shows the facility develops, implements, and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan is well documented and provides for adequate levels of staffing.

**What was heard, as part of a systematic review of evidence:**

Interviews with superintendent (director)/PREA coordinator:

The director/PREA coordinator stated the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.313 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Documentation of deviations:

There were no deviations from the plan reported during the 12 month audit reporting period.

**What was heard, as part of a systematic review of evidence:**

Interviews with superintendent (director):

The director stated that the facility maintains appropriate staffing ratios. They stated they develop the schedule and conduct daily checks of shift assignments. Documentation of non-compliance with the staffing plan would include explanations for non-compliance.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.313 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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 1:8 during resident sleeping hours.

In the past 12 months:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

TVJDC shall develop, implement, and document a staffing plan that provides adequate levels of staffing, and where feasible, video monitoring to protect juveniles against sexual assault. Staff/juvenile ratios of a minimum of 1:8 during juvenile waking hours and 1:10 during juvenile sleeping hours shall be maintained, except during limited and discreet exigent circumstances, which shall be fully documented. Male and female staff ratios must be correctly maintained with at least one staff on every shift, of the same sex as the residents housed at the facility.

**What was heard, as part of a systematic review of evidence:**

Interviews with superintendent (director):

The director stated the ratios are 1:8 during resident waking hours and 1:16 during resident sleeping hours.

**What was observed as part of a systematic review of evidence:**

Site review:

During the site review of the facility the auditor observed all areas where residents were present were compliant with required staffing ratios. Staff were actively supervising the residents.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.313 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

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

- a. The staffing plan
- b. Prevailing staffing patterns
- c. The deployment if monitoring technology
- d. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Annual staffing plan reviews:

The auditor reviewed the 2023, 2024, and 2025 Tennessee Valley Juvenile Detention Center Staffing Plans and observed the reviews are inclusive of the standard provision requirements.

**What was heard, as part of a systematic review of evidence:**

Interviews with PREA coordinator:

The PREA coordinator stated they are consulted regarding any assessments of, or adjustments to, the staffing plan. They stated the assessments occur annually and are documented.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.313 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

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|  | <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (pages 4-5):</p> <p>TVJDC shall implement a practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such 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 work days are visited by supervisors several times a month. Documentation of the inspections/visits shall be logged in the Dayroom log books and Security 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.</p> <p>Documented unannounced rounds:</p> <p>The auditor reviewed historical documentation from January 2024 through December 2024 showing that unannounced rounds were regularly occurring on all shifts. Through corrective action, the auditor requested the facility provide a statement that the unannounced rounds will be clearly identified in the logbooks. The auditor also requested additional unannounced rounds to demonstrate the practice has been fully implemented.</p> <p>What was heard, as part of a systematic review of evidence:</p> <p>Interviews with intermediate or higher-level facility staff (director):</p> <p>The director stated the unannounced rounds are conducted. The rounds are conducted on all shifts and staff are not alerted that the rounds are occurring.</p> <p><b>Finding:</b></p> <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.</b></p> <p><b>The facility provided a statement that unannounced rounds will be clearly identified in the log books as such (04/01/2025).</b></p> <p><b>The facility provided additional unannounced rounds for April and May. The auditor reviewed the rounds and observed they are clearly identified in the logbook entries 06/01/2025).</b></p> |
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| <b>115.315</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 9.10</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• “Guidance on Cross Gender and Transgender Pat Searches” training video</li> <li>• Tennessee Valley Juvenile Detention Center Staff Receipt of PREA</li> </ul> |

- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews with random sample of staff
- Interviews with random sample of residents
- Interviews with transgender or intersex residents
- Site review

**Evidence (corrective action):**

- Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 9.10 (revised 04/06/2025)
- Daily Read (04/06/2025)

**Reasoning and analysis (by provision):**

**115.315 (a)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 9.10 revised April 6, 2025 (page 2):

Personnel shall not conduct cross-gender pat-down, strip, or body cavity searches (medical personnel only) except in exigent circumstances.

What was observed as part of a systematic review of evidence:

The auditor observed that the search room is not under video surveillance and doesn't allow for cross-gender viewing. Staff explained the searches process and confirmed that searches are completed by staff of the same gender as the residents being searched.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.315 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 9.10 revised April 6, 2025 (page 2):

See 115.315 (a).

Document review:

The facility does not permit cross-gender pat-down searches of residents.

**What was heard, as part of a systematic review of evidence:**

Interviews with 10 random residents:

All 10 residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body.

Interviews with 12 random staff:

All 12 staff interviewed stated 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 other than an emergency.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.315 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 9.10 revised April 6, 2025 (page 2):

Staff shall document and justify all cross-gender searches by completing Form 115.315 Cross Gender Searches and submit the form to the PREA Monitor for the facility.

Document review:

The facility does not permit cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of residents.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.315 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 15):

TVJDC staff of the opposite gender will announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing.

**What was heard, as part of a systematic review of evidence:**

Interviews with 10 random residents:

- All 10 residents interviewed stated staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender.
- All 10 residents interviewed stated they are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender.

Interviews with 12 random staff:

- All 12 staff interviewed stated they or other officers announce their presence when entering a housing unit that houses residents of the opposite gender (from themselves).
- All 12 staff interviewed stated residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender

**What was observed as part of a systematic review of evidence:**

Site review:

Residents are able to shower and change clothing in the privacy of a shower with a shower curtain. Residents are able to perform bodily functions in their single occupancy rooms.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.315 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 9.10 revised

April 6, 2025 (page 2):

Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the juvenile's genital status.

**What was heard, as part of a systematic review of evidence:**

Interviews with 12 random staff:

All 12 staff interviewed stated 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.

Interviews with transgender or intersex residents:

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.315 (f)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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% (23 staff)

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 9.10 revised April 6, 2025 (page 2):

All staff shall receive training in effective search techniques.

Transgender and Intersex Search Procedure, Training Curriculum, and Staff Training Logs:

The auditor reviewed the "Guidance on Cross Gender and Transgender Pat Searches" training video and Tennessee Valley Juvenile Detention Center Staff Receipts of PREA for 23 staff and observed the staff are trained on how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees.

**What was heard, as part of a systematic review of evidence:**

Interviews with 12 random staff:

All 12 staff interviewed stated 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.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**The agency updated Tennessee Valley Juvenile Detention Center PREA**

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|  | <p><b>Policy and Procedures 9.10 revised to include the standard provision requirements for searches of transgender and Intersex residents (04/06/2025).</b></p> <p><b>Staff were informed of the policy revision through a daily read (04/06/2025).</b></p> |
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| <b>115.316</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• “What You Should Know About Sexual Abuse, Assault, and Harassment” brochure (English, Spanish, Lower Functioning, and Braille)</li> <li>• “Services for Victims of Sexual Abuse” flyer (English and Spanish)</li> <li>• “Sexual Assault is an Act of Violence” poster (English and Spanish)</li> <li>• “Break the Silence of Abuse” poster (English and Spanish)</li> <li>• Cramer Children’s Center poster (English and Spanish)</li> <li>• Alabama Department of Rehabilitation Services contact</li> <li>• List of three bilingual staff (English and Spanish)</li> <li>• LanguageLine Interpretation Services</li> <li>• Systems Test: Access to Interpreter (LanguageLine)</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with agency head designee (director)</li> <li>• Interviews with random sample of staff</li> <li>• Interviews with residents (with disabilities or who are limited English proficient)</li> <li>• Site review</li> </ul> <p><b>Evidence (corrective action):</b></p> <ul style="list-style-type: none"> <li>• “No Means No” Poster (English and Spanish) (04/06/2025)</li> <li>• PREA Intake Video (English, Spanish, ASL, Closed Captioning) (05/02/2025)</li> <li>• PREA Comprehensive Education Video (English, Spanish, ASL, Closed Captioning) (05/02/2025)</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.316 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b></p> <p>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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.</p> |

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 5):

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 TVJDC'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, TVJDC 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.

**What was heard, as part of a systematic review of evidence:**

Interview with agency head designee (director):

The director 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.

Interviews with residents (with disabilities or who are limited English proficient):  
There were no residents identified as having a disability.

**What was observed as part of a systematic review of evidence:**

Site review discussions and observations:

The director provided a detailed summary explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The "What You Should Know About Sexual Abuse, Assault, and Harassment" brochure is available in English, Spanish, lower functioning, and Braille. The Alabama Department of Rehabilitation Services is available as needed. Thorough corrective action, the facility provided confirmation the PREA Intake and Comprehensive Education Videos (English, Spanish, ASL, Closed Captioning) were implemented (05/02/2025). The facility developed the "No Means No" Poster (English and Spanish) (04/06/2025).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**The facility provided confirmation the PREA intake and comprehensive education videos (English, Spanish, ASL, Closed Captioning) were implemented (05/02/2025).**

**The facility developed the "No Means No" Poster (English and Spanish) (04/06/2025).**

**Reasoning and analysis (by provision):**

**115.316 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 5):

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.

PREA educational materials:

The auditor observed "What You Should Know About Sexual Abuse, Assault, and Harassment" brochure (English, Spanish, lower functioning, and Braille); the "Services for Victims of Sexual Abuse" flyer (English and Spanish); "Sexual Assault is an Act of Violence" poster (English and Spanish); the "Break the Silence of Abuse" poster (English and Spanish); and the Cramer Children's Center poster (English and Spanish). Thorough corrective action, the facility provided confirmation the PREA Intake and Comprehensive Education Videos (English, Spanish, ASL, Closed Captioning) were implemented (05/02/2025). Interpreter services are available through LanguageLine and the Cramer Children's Center.

**What was heard, as part of a systematic review of evidence:**

Interviews with residents who are limited English proficient:

No residents were identified as limited English proficient.

**What was observed as part of a systematic review of evidence:**

Site review:

The auditor observed the "What You Should Know About Sexual Abuse, Assault, and Harassment" brochure (English, Spanish, Lower Functioning, and Braille); the "Services for Victims of Sexual Abuse" flyer (English and Spanish); "Sexual Assault is an Act of Violence" poster (English and Spanish); the "Break the Silence of Abuse" poster (English and Spanish); the Cramer Children's Center poster (English and Spanish); and the LanguageLine agreement.

Systems test of interpreter services:

The facility uses LanguageLine and the Cramer Children's Center to provide interpreter services. The auditor successfully tested access to LanguageLine through the assistance of a supervisor. Additionally, the auditor interviewed a bilingual staff member who is fluent in Spanish and English.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this**

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|  | <p><b>provision and corrective action is completed.</b></p> <p><b>The facility provided confirmation the PREA intake and comprehensive education videos (English, Spanish, ASL, Closed Captioning) were implemented (05/02/2025). Additionally, the facility developed the “No Means No” poster in English and Spanish (04/06/2025).</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.316 (c)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.</p> <p>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</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (pages 5-6):<br/> TVJDC 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.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/> Interviews with 12 random staff:<br/> All 12 staff interviewed stated the agency would use a professional 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.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.317</b> | <b>Hiring and promotion decisions</b>                |
|                | <b>Auditor Overall Determination:</b> Meets Standard |

## Auditor Discussion

### **Evidence relied upon in making the compliance determinations:**

- Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 3.1
- Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1
- PREA Employment Questionnaires
- Criminal Background Records Checks for Employees and Contractors
- Alabama Department of Human Resources Child Abuse and Neglect Central Registry Clearances for Employees and Contractors
- Five Year Criminal Background Records Checks
- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interview with administrative (human resources) staff

### **Evidence (corrective action):**

- Tennessee Valley Juvenile Detention Center Authorization to Contact Previous Employers form (04/07/2025)
- Tennessee Valley Juvenile Detention Center PREA Reference Check form (04/07/2025)

### **Reasoning and analysis (by provision):**

#### **115.317 (a)**

#### **What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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:

- 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);
- 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 the activity described in paragraph (a)(2) of this section.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 3.1 (page 2):

TVJDC shall not hire or promote anyone, or enlist the services of any contractor, 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; or has been civilly or administratively adjudicated to have engaged in such activity.

Review of files of persons hired or promoted in the past 12 months

The auditor reviewed PREA Employment Questionnaires for new hires and observed the facility asked the applicants about the three questions about previous misconduct.

**What was heard, as part of a systematic review of evidence:**

Interview with administrative (human resources) staff (director):

The director stated the facility asks all applicants and employees about previous misconduct when hiring new employees.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.317 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 3.1 (page 2):

TVJDC 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.

**What was heard, as part of a systematic review of evidence:**

Interview with administrative (human resources) staff (director):

The director stated the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents, through the PREA Employment Questionnaire.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.317 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months:

- The number of persons hired who may have contact with residents who have had criminal background record checks: 5

- The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 3.1 (page 2):

Before hiring new employees who may have contact with juveniles, TVJDC 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.

Review of files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.317(c):

The auditor reviewed initial criminal background records checks for six staff and observed they are conducted according to the standard provision requirements.

The auditor reviewed 19 Alabama Department of Human Resources Child Abuse and Neglect Central Registry Clearances and observed they are conducted according to the standard provision requirements.

No documented evidence was provided that the facility contacts 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. Corrective action was required.

**What was heard, as part of a systematic review of evidence:**

Interview with administrative (human resources) staff (director):

The director stated the agency performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. The director also confirmed the facility consults with the Alabama Department of Human Resources Child Abuse and Neglect Central Registry.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**The agency developed the Tennessee Valley Juvenile Detention Center Authorization to Contact Previous Employers form (04/07/2025) and the Tennessee Valley Juvenile Detention Center PREA Reference Check form (04/07/2025) to document contacts with prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.**

**Reasoning and analysis (by provision):**

**115.317 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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:

- 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: 3
- 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: 100%

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 3.1 (page 2):

TVJDC 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 auditor reviewed criminal background records checks and Alabama Department of Human Resources Child Abuse and Neglect Central Registry Clearances for two contracted staff and observed they are completed according to the standard provision requirements.

**What was heard, as part of a systematic review of evidence:**

Interview with administrative (human resources) staff (director):

The director stated the facility 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. Additionally, the facility consults with the Alabama Department of Human Resources Child Abuse and Neglect Central Registry.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.317 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 3.1 (page 2):  
TVJDC shall conduct criminal background records checks at least every two years on current employees and contractors who may have contact with residents.

The auditor reviewed criminal background records checks for staff and observed the background checks were conducted within five years.

**What was heard, as part of a systematic review of evidence:**

Interview with administrative (human resources) staff (director):

The director stated the agency conducts criminal background records every five years for current employees and contractors who may have contact with residents.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.317 (f)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 3.1 (page 2):

TVJDC 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 115.317 PREA Employment/Promotion Questionnaire.

Review of files of personnel files:

The auditor reviewed PREA Employment Questionnaires are asked and answered annually and for promotions.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.317 (g)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 3.1 (page 2):

TVJDC mandates that all employees have a continuing affirmative duty to report any such sexual misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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|  | <p><b>What was heard, as part of a systematic review of evidence:</b><br/>Interview with administrative (human resources) staff (director):<br/>The director stated the agency would 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.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.318</b> | <b>Upgrades to facilities and technologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Facility Schematic with camera placements</li> <li>• Video monitoring system upgrades</li> <li>• 2024 Program Analysis</li> <li>• Interview with agency head (director)</li> <li>• Interview with superintendent (director)</li> <li>• Site review</li> </ul> <p><b>Findings (By Provision):</b><br/><b>115.318 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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><b>What was heard, as part of a systematic review of evidence:</b><br/>Interview with the agency head/superintendent (director):<br/>The director stated the facility considers 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><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b></p> |

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|  | <p><b>115.318 (b)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b></p> <p>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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>Video monitoring system upgrades:<br/>The auditor reviewed documented video monitoring system upgrades. One additional camera was added.</p> <p><b>What was heard, as part of a systematic review of evidence:</b></p> <p>Interview with the agency head/superintendent (director):<br/>The director stated 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><b>What was observed as part of a systematic review of evidence:</b></p> <p>Ste review:<br/>The auditor reviewed the updates to the video monitoring system.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.321</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.1</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center agreement with the Colbet County Sheriff's Office</li> <li>• Memorandum of Understanding between Tennessee Valley Juvenile Detention Center and Cramer Children's Center</li> <li>• A National Protocol for Sexual Assault medical Forensic Examinations</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with PREA coordinator</li> <li>• Interviews with a random sample of staff</li> <li>• Interviews with residents who reported a sexual abuse</li> </ul> <p><b>Evidence (corrective action):</b></p> |

- Memorandum from Columbiana Police Department (05/30/2025)

**Reasoning and analysis (by provision):**

**115.321 (a)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The facility is responsible for conducting administrative (including resident-on-resident sexual abuse or staff sexual misconduct).

The Columbiana Police Department would be responsible for conducting criminal sexual abuse investigations.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29 (page 2):

The Administrative Investigator is responsible for investigating all allegations of sexual abuse/assault/harassment following a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. When it appears that allegations of sexual abuse, sexual assault, and sexual harassment are supported by evidence of criminal behavior, the Administrative Investigator ensures that the allegations are immediately referred for investigation to law enforcement. All referrals shall be documented.

**What was heard, as part of a systematic review of evidence:**

Interviews with 12 random staff:

The staff interviewed stated they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable about who is responsible for conducting sexual abuse investigations.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.321 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,' or similarly comprehensive and authoritative protocols developed after 2011.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 6):

Victims of sexual assault shall be referred under appropriate security provisions to Cramer Children's Center for treatment and gathering of evidence. The facility shall document that the Cramer Children's Center follows a uniform evidence protocol

that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.321 (c)**

**What was read, as part of a systematic review of evidence:**

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

During the past 12 months:

- The number of forensic medical exams conducted: 0
- The number of exams performed by SANEs/SAFEs: 0
- The number of exams performed by a qualified medical practitioner: 0

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 11):

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.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.321 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 11):

The facility shall attempt to make available to the victim a victim advocate via Cramer Children's Center. 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 from a community-based organization or a

qualified agency staff member that has received Victim Advocacy training. Such training shall be documented on Form 115.321 Confirmation of Receipt of Specialized Training for Victim Advocates.

Memorandums of understanding for victim advocate services:

The auditor reviewed the memorandum of understanding between Tennessee Valley Juvenile Detention Center and Cramer Children's Center. The memorandum provides for emotional support and crisis intervention counseling.

**What was heard, as part of a systematic review of evidence:**

Interview with PREA coordinator:

The PREA coordinator stated the facility makes a qualified victim advocate available from Cramer Children's Center.

Interviews with residents who reported a sexual abuse:

There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.321 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 11):

See 115.321 (d).

Memorandum of understanding for victim advocate services:

See 115.321 (d).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.321 (f)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these

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|  | <p>investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 12):</p> <p>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.</p> <p>Review of documentation of the request regarding requirements of §115.321(a) through (e) with outside investigating agency:</p> <p>The auditor reviewed the agreement, regarding requirements of §115.321(a) through (e), with the Colbet County Sheriff's Office and observed the agreement includes the standard provision requirements.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.322 | Policies to ensure referrals of allegations for investigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.1</li> <li>• Agency Website: <a href="http://www.elyjenndetention.com/PREA.html">http://www.elyjenndetention.com/PREA.html</a></li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with agency head designee (director)</li> </ul> <p><b>Findings (By Provision):</b><br/> <b>115.322 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <ul style="list-style-type: none"> <li>• The number of allegations of sexual abuse and sexual harassment that were received: 0</li> <li>• The number of allegations resulting in an administrative investigation: 0</li> <li>• The number of allegations referred for criminal investigation: 0</li> </ul> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.1</p> |

(page 1):

It is TVJDC policy to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, and sexual harassment.

Investigation reports:

The facility reported there were no allegations of sexual abuse or sexual harassment.

**What was heard, as part of a systematic review of evidence:**

Interview with agency head designee (director):

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.322 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

The Columbiana Police Department investigators would conduct criminal investigations.

What was observed as part of a systematic review of evidence:

The auditor reviewed the agency website at <http://www.elyjennetention.com/PRE-A.html> and observed the Tennessee Valley Juvenile Detention Center's policy to investigate allegations of sexual abuse or sexual harassment.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.322 (c)**

**What was read, as part of a systematic review of evidence:**

The auditor observed the publication describes the responsibilities of both the Tennessee Valley Juvenile Detention Center and the Colbet County Sheriff's Office. The Colbet County Sheriff's Office is responsible for conducting criminal investigations.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

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| <b>115.331</b> | <b>Employee training</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• 2024 Training Topic Schedule</li> <li>• Tennessee Valley Juvenile Detention Center Training Curriculum (policies and educational materials)</li> <li>• Tennessee Valley Juvenile Detention Center Staff PREA Training PowerPoints</li> <li>• Staff Receipt of PREA forms</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interviews with random sample of staff</li> </ul> <p><b>Findings (By Provision):</b></p> <p><b>115.331 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b></p> <p>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (pages 1-2):</p> <p>Sexual abuse/assault/harassment training shall cover the following areas:</p> <ol style="list-style-type: none"> <li>1. TVJDC zero-tolerance on sexual abuse/assault and harassment;</li> <li>2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>3. Juvenile's right to be free from sexual abuse and sexual harassment;</li> <li>4. The right of juveniles and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;</li> <li>6. The common reactions of juvenile victims of sexual abuse and sexual harassment;</li> <li>7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between juveniles;</li> <li>8. How to avoid inappropriate relationships with juveniles;</li> <li>9. How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles;</li> <li>10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and</li> <li>11. Relevant laws regarding the applicable age of consent.</li> </ol> <p>Training curriculum and training records:</p> |

- The auditor reviewed the 2024 Training Topic Schedule, Tennessee Valley Juvenile Detention Center Training Curriculum (policies and educational materials), and Tennessee Valley Juvenile Detention Center Staff PREA Training PowerPoints and observed the training includes all topics required by the standard provision.
- The auditor reviewed Staff Receipt of PREA forms and observed 23 staff received training in 2025.

**What was heard, as part of a systematic review of evidence:**

Interviews with 12 random staff:

The staff interviews revealed the training occurs annually.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.331 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (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.

Sample of training records:

See 115.331 (a).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.331 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page 2):

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training at a minimum of every two years to ensure

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|  | <p>that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p>Sample of training records:<br/>See 115.331 (a).</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.331 (d)</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page 2):<br/>Facilities shall document, through employee signature that employees understand the training they have received. Documentation shall be maintained on Form 115.331 Staff Confirmation of Receipt of PREA Training.</p> <p>Sample of training records:<br/>The auditor reviewed Staff Receipt of PREA forms and observed 23 staff received training in 2025.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.332 | Volunteer and contractor training                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Volunteer and Contractor Training Packet</li> <li>• 2024 Training Topic Schedule</li> <li>• Tennessee Valley Juvenile Detention Center Training Curriculum (policies and educational materials)</li> </ul> |

- Tennessee Valley Juvenile Detention Center Staff PREA Training PowerPoints
- Volunteer and Contractor Receipt of PREA forms
- NIC Training Certificates: PREA 201 for Medical and Mental Health Practitioners
- Contract Medical and Mental Health Receipt of PREA forms
- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews with Volunteers and Contractors who have Contact with Residents

**Reasoning and analysis (by provision):**

**115.332 (a)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

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: 14

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page 4):

TVJDC 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.

Review of training materials and training records of volunteers and contractors: The auditor reviewed the Volunteer and Contractor Training Packet. The training materials include the zero-tolerance policy regarding sexual abuse and sexual harassment, response, how to report such incidents, and additional training topics.

The auditor reviewed 14 Volunteer and Contractor Receipt of PREA forms for volunteers and contractors and observed the individuals received the required training topics.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.332 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

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|  | <p>Review of training records of volunteers and contractors:<br/>See 115.332 (a).</p> <p>The auditor reviewed PREA 201 for Medical and Mental Health Practitioners provided by the National Institute of Corrections (NIC) training certificates and observed the one medical staff, and two mental health staff received the specialized training topics regarding sexual abuse and sexual harassment required by § 115.335. The auditor reviewed three Contract Medical and Mental Health Receipt of PREA forms and observed one medical staff and two mental health staff completed the required training topics for § 115.331.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/>Interviews with volunteers or contractors who have contact with residents:<br/>One volunteer and two contractors stated they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.332 (c)</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page 4):<br/>TVJDC shall maintain documentation confirming that volunteers and contractors understand the training they have received using Form 115.332 Volunteer and Contractor Confirmation of Receipt of PREA Training.</p> <p>Review of training records of volunteers and contractors:<br/>See 115.332 (a).</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.333</b> | <b>Resident education</b>                            |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

**Evidence relied upon in making the compliance determinations:**

- Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1
- Resident Rulebook
- PREA Video
- Resident PREA Intake Binder
- Juvenile Confirmation of Receipt of PREA
- “What You Should Know About Sexual Abuse, Assault, and Harassment” brochure (English, Spanish, Lower Functioning, and Braille)
- “Services for Victims of Sexual Abuse” flyer (English and Spanish)
- “Sexual Assault is an Act of Violence” poster (English and Spanish)
- “Break the Silence of Abuse” poster (English and Spanish)
- Cramer Children’s Center poster (English and Spanish)
- Alabama Department of Rehabilitation Services contact
- List of three bilingual staff (English and Spanish)
- LanguageLine Interpretation Services
- Systems Test: Access to Interpreter (LanguageLine)
- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interview with agency head designee (director)
- Interview with intake staff
- Interviews with random sample of staff
- Interviews with residents (with disabilities or who are limited English proficient)
- Site review

**Evidence (corrective action):**

- “No Means No” Poster (English and Spanish) (04/06/2025)
- PREA Intake Video (English, Spanish, ASL, Closed Captioning) (05/02/2025)
- PREA Comprehensive Education Video (English, Spanish, ASL, Closed Captioning) (05/02/2025)
- Resident PREA Intake Binder updated with emotional support services (05/01/2025)

**Reasoning and analysis (by provision):****115.333 (a)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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: 322

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 5):

Juveniles shall be explained their 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. The

“What You Should Know About Sexual Abuse & Assault” pamphlet is attached to the resident rule book that is given to all new intakes and said pamphlet shall be made available in each living unit.

Review of intake records of residents:

The auditor reviewed 10 Juvenile Confirmation of Receipt of PREA for residents interviewed and additional historic examples from the 12 month audit period. The forms indicate all 10 residents received the information at intake.

**What was observed as part of a systematic review of evidence:**

Process observation:

The assistant director demonstrated the intake process. The auditor observed residents sign the Juvenile Confirmation of Receipt of PREA to document they have received the PREA educational materials during the intake process. The intake staff demonstrated that residents review the Resident PREA Intake Binder which includes information about the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Additionally, the residents watch the PREA Intake Video which was impended through corrective action. The auditor reviewed the Resident PREA Intake Binder and PREA Intake Video and determined the information is inclusive of the information required during the intake process.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**The facility implemented a new PREA intake video provided by the PREA Resource Center (05/02/2025) to improve the intake process and provide additional resources such as ASL and closed captioning. The video includes the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.**

**The facility developed the “No Means No” poster to improve the intake process and provide additional information about outside victim advocates for emotional support services related to sexual abuse and procedures for reporting anonymously to an outside agency (04/06/2025).**

**The facility updated the Resident PREA Intake Binder to include emotional support services information (05/01/2025).**

**Reasoning and analysis (by provision):**

**115.333 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 322

To improve the PREA comprehensive education provided to the residents the facility

implemented a new PREA Comprehensive Education Video (English, Spanish, ASL, and Closed Captioning) (05/02/2025) through corrective action. The video indicates the comprehensive education video is shown Monday through Friday in the classroom, ensuring that all new residents receive comprehensive education within 10 days of admission to the facility.

Review of comprehensive education records of residents:

The video indicates the comprehensive education video is shown Monday through Friday in the classroom, ensuring that all new residents receive comprehensive education within 10 days of admission to the facility.

**What was heard, as part of a systematic review of evidence:**

Interview with intake staff:

The assistant director confirmed the facility provides age-appropriate education on residents' rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake.

Interviews with 10 random residents:

All of the residents interviewed reported receiving comprehensive education. They stated the comprehensive education video is shown in the classroom.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**The facility implemented a new PREA comprehensive education video provided by the PREA Resource Center (05/02/2025). The comprehensive information includes: a resident's right to be free from sexual abuse and sexual harassment, a resident's right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents.**

**Reasoning and analysis (by provision):**

**115.333 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: All residents were educated within 10 days of intake.

**What was heard, as part of a systematic review of evidence:**

Interview with intake staff:

The assistant director stated all residents, including those transferred from other facilities, are educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.333 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 5):

TVJDC 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 TVJDC'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, TVJDC 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.

**What was observed as part of a systematic review of evidence:**

Site review:

The director provided a detailed summary explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor observed the "What You Should Know About Sexual Abuse, Assault, and Harassment" brochure (English, Spanish, Lower Functioning, and Braille); the "Services for Victims of Sexual Abuse" flyer (English and Spanish); "Sexual Assault is an Act of Violence" poster (English and Spanish); the "Break the Silence of Abuse" poster (English and Spanish); and the Cramer Children's Center poster (English and Spanish). Thorough corrective action, the facility provided confirmation the PREA Intake and Comprehensive Education Videos (English, Spanish, ASL, Closed Captioning) were implemented (05/02/2025). The facility developed the "No Means No" Poster (English and Spanish) (04/06/2025).

Interpreter services are available through LanguageLine and the Cramer Children's Center. The Alabama Department of Rehabilitation Services is available as needed.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**The facility provided confirmation the PREA Intake and Comprehensive Education Videos (English, Spanish, ASL, Closed Captioning) were implemented (05/02/2025).**

**Reasoning and analysis (by provision):**

**115.333 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency maintains documentation of resident participation in PREA education sessions.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 6):

Orientation is documented using the Juvenile Confirmation of Receipt of PREA.

Review of documentation of resident participation in education sessions:

The auditor reviewed resident participation in education sessions is documented with the Juvenile Confirmation of Receipt of PREA.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**Reasoning and analysis (by provision):**

**115.333 (f)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

**What was observed as part of a systematic review of evidence:**

Site review:

The auditor observed the "What You Should Know About Sexual Abuse, Assault, and Harassment" brochure; the "Services for Victims of Sexual Abuse" flyer; the "Sexual Assault is an Act of Violence" poster; the "Break the Silence of Abuse" poster; and the Cramer Children's Center poster (English and Spanish). The facility developed the "No Means No" Poster (English and Spanish) (04/06/2025). Interpreter services are available through LanguageLine and the Cramer Children's Center.

The auditor observed the posters were accessible and consistent but did not contain complete information for reporting and victim support services. The "No Means No" poster was developed and posted through corrective action (04/06/2025).

**Finding:**

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|  | <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.</b></p> <p><b>The facility developed the “No Means No” poster to improve the intake process and provide additional information about outside victim advocates for emotional support services related to sexual abuse and procedures for reporting anonymously to an outside agency (04/06/2025).</b></p> |
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| <b>115.334</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1</li> <li>• 2024 Training Topic Schedule</li> <li>• Tennessee Valley Juvenile Detention Center Training Curriculum (policies and educational materials)</li> <li>• Tennessee Valley Juvenile Detention Center Staff PREA Training PowerPoints</li> <li>• Investigator Training log</li> <li>• Internal Investigator Receipt of PREA</li> <li>• National Institute of Corrections’ Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course Certificate</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with investigative staff</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.334 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b></p> <p>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page 2):</p> <p>It is TVJDC policy that in addition to the general training provided to all employees, 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>Review of training records/logs of investigative staff:</p> <p>Training records/logs of investigative staff:</p> <p>The auditor reviewed annual training, required by § 115.331, is documented with the Internal Investigator Receipt of PREA. The auditor observed specialized topics were received from the National Institute of Corrections and documented with the</p> |

Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting course certificate. The training was completed by the director (administrative investigator).

**What was heard, as part of a systematic review of evidence:**

Interview with administrative investigative staff (director):

The Tennessee Department of Children's Services investigator interviewed stated they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. They stated they received the training required by §115.331 and completed the specialized training topics.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page 3):

Specialized training shall include:

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

**What was heard, as part of a systematic review of evidence:**

Interview with administrative investigative staff (director):

The director stated they received the required training.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.334 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

- The agency maintains documentation showing that investigators have completed the required training.
- The number of investigators the agency currently employs: 1
- The number of investigators currently employed who have completed the required training: 1

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|  | <p>3):</p> <p>Facilities shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations using Form 115.334 Special Investigator Confirmation of Receipt of PREA Specialized Training.</p> <p>Review of training records/logs of investigative staff:<br/>See 115.334 (a).</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.335 | Specialized training: Medical and mental health care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• 2024 Training Topic Schedule</li> <li>• Tennessee Valley Juvenile Detention Center Training Curriculum (policies and educational materials)</li> <li>• Tennessee Valley Juvenile Detention Center Staff PREA Training PowerPoints</li> <li>• NIC Training Certificates: PREA 201 for Medical and Mental Health Practitioners</li> <li>• Contract Medical and Mental Health Receipt of PREA forms</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interviews with medical staff and mental health staff</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.335 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ul style="list-style-type: none"> <li>• The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 3</li> <li>• The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%</li> </ul> <p>Review of training records of medical staff and mental health staff:<br/>The auditor reviewed PREA 201 for Medical and Mental Health Practitioners provided by the National Institute of Corrections (NIC) training certificates and observed the one medical staff, and two mental health staff received the specialized training</p> |

topics regarding sexual abuse and sexual harassment.

**What was heard, as part of a systematic review of evidence:**

Interviews with medical staff and mental health staff:

The medical staff and mental health staff interviewed stated they had received the specialized training topics regarding sexual abuse and sexual harassment.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.335 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

Tennessee Valley Juvenile Detention Center does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

**What was heard, as part of a systematic review of evidence:**

Interviews with medical staff and mental health staff:

The medical staff and mental health staff stated forensic medical examinations are not conducted at the facility. Forensic examinations would be conducted at Cramer Children's Center.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.335 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page 3):

TVJDC shall maintain documentation confirming that volunteers and contractors understand the training they have received using Form 115.332 Volunteer and Contractor Confirmation of Receipt of PREA Training.

Review of training records of medical staff and mental health staff:

The auditor reviewed PREA 201 for Medical and Mental Health Practitioners provided by the National Institute of Corrections (NIC) training certificates and observed the one medical staff, and two mental health staff received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed three Contract Medical and Mental Health Receipt of PREA forms and observed one medical staff and two mental health staff completed the required training topics for § 115.331.

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|  | <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1 (page 3):<br/> TVJDC 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.<br/> The auditor reviewed the training curriculum, training certificates, and training records for verification.</p> <p>TVJDC 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>Review of training records of volunteers and contractors:<br/> The auditor reviewed three Contract Medical and Mental Health Receipt of PREA forms and observed one medical staff and two mental health staff completed the required training topics for § 115.331.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.341 | Obtaining information from residents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization</li> <li>• Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness (implemented January 2025)</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with PREA coordinator</li> <li>• Interview with staff responsible for risk screening</li> <li>• Interviews with random sample of residents</li> </ul> |

- Site review

**Reasoning and analysis (by provision):**

**115.341 (a)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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 at three month intervals.

In the past 12 months:

- 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: 240
- 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%

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 6):

All juveniles shall be screened at the facility during the intake process for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.

Review of records for residents admitted to the facility:

- The auditor reviewed 10 completed risk assessments for residents interviewed and observed nine risk assessments were completed within 72 hours of their intake. One of the time frames was indeterminable.
- The auditor reviewed 43 completed risk assessments for the 12 month audit period and observed the 43 risk assessments were completed within 72 hours of their intake.
- The auditor reviewed one applicable risk reassessment for a resident interviewed and observed the risk reassessment was completed at three month intervals.
- The auditor reviewed seven risk reassessments for the 12 month audit period and observed the seven risk reassessments were completed at three month intervals.

**What was observed as part of a systematic review of evidence:**

Site review:

The staff responsible for risk screening (mental health staff) demonstrated the screening process. The screening process occurs in a private area used by the

medical staff, ensuring as much privacy as possible. They confirmed they screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. They stated they screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake using the Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness.

**What was heard, as part of a systematic review of evidence:**

Interviews with 10 random residents:

All 10 of the residents stated they were asked questions like the following examples at intake:

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.341 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Risk assessment is conducted using an objective screening instrument.

Screening instrument:

The auditor observed the Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness and observed the risk assessment is an objective screening instrument. There is a set format of objective yes and no questions and a subjective observation of gender nonconforming appearance, and the scoring system leads to a determination of risk level. The tool includes the following risk levels:

- Risk of Sexual Victimization: Low (0-7), Moderate (8-18), or High (19-31)
- Risk of Sexual Perpetration: Low (0-5), Moderate (6-10), or High (11-15)

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.341 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 6):

At a minimum, TVJDC shall attempt to ascertain information about:

1. Prior sexual victimization or abusiveness;

2. 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;
3. Current charges and offense history;
4. Age
5. Physical size and stature;
6. Any known Mental illness or mental disabilities;
7. Intellectual or developmental disabilities;
8. Physical disabilities;
9. The resident's own perception of vulnerability; and
10. Any other specific information about individual residents that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other residents.

Screening instrument:

The auditor reviewed the Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness and observed the risk assessment tool includes all criteria required by the standard provision.

The presence of each required risk factor was assessed as such:

- a. Prior sexual victimization or abusiveness - Asked in question 9. "Have you ever been the victim of sexual abuse?"
- b. Any gender nonconforming appearance or manner or whether the resident identifies as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse - Affirmatively asked in question 7. and subjectively observed in section 5. Question 7., "Identifies as lesbian, gay, bisexual, transgender, or intersex (LGBTIQ).?" Section 5., "Gender nonconforming appearance/behavior".
- c. Current charges and offense history - Asked, "Current Charges and Offense History Documentation Reviewed?" Question 7., "Duration of confinement (lack of familiarity with confinement setting)?"
- d. Age - Asked in question 1. "Age of juvenile?"
- e. Level of emotional and cognitive development - Observed in section 5. "Behaviors that are likely to irritate and annoy others (immature, intentionally aggravating).", and "Inappropriate verbal behavior (giggling, odd remarks)".
- f. Physical size and stature - Observed in section 5., "Small build", "Looks younger than stated age", and "Appears frail, weak".
- g. Mental illness or mental disabilities - Asked in question 6. "Does the juvenile report or does the juvenile's records indicate any history of diagnosed mental health disorders?"
- h. Intellectual or developmental disabilities - Asked in question 8. and observed in section 5. Question 8., "Are there indicators this juvenile has limitations due to intellectual impairment (low IQ), a learning disability, is a special education student, or has a developmental disability?" Section 5., "Speech impediment."
- i. Physical disabilities - Observed in section 5. "Physical disability", "Pronounced disfigurement", or "Vision/Hearing Impaired."
- j. The resident's own perception of vulnerability - Asked in question 3, "Perception of own vulnerability (Ask Juvenile: Do you feel safe?)?"

k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents – Asked in question 4. and observed in section 5. Question 4., “Have you ever been attacked, bullied, or abused in any setting (school, community, facility, etc.)? Example: have you received threats, insults, and harassment from other people?” Section 5., “Member of a gang that’s likely to be a target”, “Non-English speaking” and punched/fearful posture (very shy or fearful)””

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.341 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 6):

This information shall be ascertained through conversations with the residents during the intake process and other relevant documentation from the resident’s files or juvenile probation officer.

**What was heard, as part of a systematic review of evidence:**

Interview with staff responsible for risk screening (mental health staff):

The mental health staff stated the information is ascertained through conversations with the residents using the Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness. Other relevant documentation is referenced when available.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.341 (e)**

**What was heard, as part of a systematic review of evidence:**

Interview with the PREA coordinator:

The PREA coordinator stated the agency has outlined who can have access to a resident’s risk assessment within the facility, to protect sensitive information from exploitation.

Interview with staff responsible for risk screening (mental health staff):

The mental health staff stated the agency has outlined who can have access to a resident’s risk assessment within the facility, to protect sensitive information from exploitation. The information is maintained by the director.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

| 115.342 | Placement of residents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness</li> <li>• Guidelines for PREA Shared Information</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with superintendent (director)</li> <li>• Interview with PREA coordinator</li> <li>• Interview with staff responsible for risk screening</li> <li>• Interview with staff who supervise residents in isolation</li> <li>• Interview with medical staff</li> <li>• Interview with mental health staff</li> <li>• Interviews with residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)</li> <li>• Interviews with transgender/intersex/gay/lesbian/bisexual residents</li> <li>• Site review</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.342 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (pages 6-7):<br/> Facilities shall use all information obtained from the Intake Screening to make housing assignments for juveniles with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Should the assignment identify a juvenile who requires special housing/bed, this information shall be forwarded to the Shift Supervisor and PREA Monitor for appropriate room assignment and completion of a Staff Alert. The Education services and Supervisors will strictly enforce the staff alert during all programs including daily activities to ensure the goal of keeping all residents safe and free from sexual abuse.</p> <p>Should a housing recommendation be impossible to accommodate due to lack of available beds, the facility PREA Monitor shall create and implement a written plan of action to insure proper supervision of the juvenile in question. This plan shall be shared with all supervisory staff within the facility and a copy shall be placed in the</p> |

juvenile's administrative file. Every effort shall be made to ensure that sensitive information is not exploited to the juvenile's detriment by staff or other juveniles.

Review of housing, bed, work, education, and program assignments decisions:  
The reviewed the Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness form and observed page 3 documents special housing assignment, special bed assignment, special programming assignment, special education assignment, and special work assignment.

Review of risk-based housing decisions:

The auditor reviewed nine completed Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness forms for residents interviewed and observed none of the resident's risk screening required housing, bed, work, education, and program assignments based on their risk level.

**What was heard, as part of a systematic review of evidence:**

Interview with PREA coordinator:

The PREA coordinator stated 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. These determinations are documented on the Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness form.

Interview with staff responsible for risk screening (mental health staff):

The mental health staff stated the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. They stated the Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization form documents housing, bed, work, education, and program assignments based on a resident's risk score.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.342 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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:

- The number of residents at risk of sexual victimization who were placed in isolation: 0

- 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
- The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 7):

Residents alleging 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, facilities 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 the Administrator or designee. Residents shall also have access to other programs and work opportunities to the extent possible. Documentation shall be maintained by Assistant Administrator for these Special Management cases.

**What was heard, as part of a systematic review of evidence:**

Interview with superintendent (director):

The director confirmed Tennessee Valley Juvenile Detention Center has not used isolation for residents at risk of sexual victimization.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.342 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 8):

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

**What was heard, as part of a systematic review of evidence:**

Interviews with the PREA coordinator:

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

Interviews with transgendered/intersex/gay/lesbian/bisexual residents:  
No resident identified as gay, lesbian, bisexual, transgender, or intersex during the onsite phase of the audit.

**What was observed as part of a systematic review of evidence:**

Site review:

The auditor observed the housing units. There was no particular housing, bed, or other assignments of gay, bisexual, transgender, or intersex residents solely on the basis of such identification or status.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.342 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 8):

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 a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems.

**What was heard, as part of a systematic review of evidence:**

Interview with PREA coordinator:

The PREA coordinator stated housing and programming assignments for transgender or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.342 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1

(page 8):

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 juvenile using Form 115.341.1 PREA Risk Reassessment.

**What was heard, as part of a systematic review of evidence:**

Interviews with PREA coordinator and staff responsible for risk screening (supervisor):

The PREA coordinator and supervisor stated placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.342 (f)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 8):

A transgender or intersex juvenile's own views with respect to his or her own safety shall be given serious consideration in determining safety issues.

**What was heard, as part of a systematic review of evidence:**

Interview with PREA coordinator:

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.342 (g)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 8):

Transgender and intersex residents shall shower separately from other juveniles.

**What was heard, as part of a systematic review of evidence:**

Interviews with PREA coordinator and staff responsible for risk screening (supervisor):

The PREA coordinator and supervisor stated transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually.

Interviews with transgendered/intersex:

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

**What was observed as part of a systematic review of evidence:**

Site Review:

Residents are able to shower and change clothing in the privacy of a shower with a shower curtain. Residents are able to perform bodily functions in their single occupancy rooms. Transgender or intersex residents would be given the same opportunity to shower separately in the same manner as all residents or they could shower at a different time or in another area such as intake.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

**Reasoning and analysis (by provision):**

**115.342 (h)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

From a review of case files of idents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

- A statement of the basis for facility's concern for the resident's safety, and
- The reason or reasons why alternative means of separation cannot be arranged:

N/A

No residents at risk of sexual victimization were held in isolation in the past 12 months. Tennessee Valley Juvenile Detention Center does not use isolation for residents at risk of sexual victimization.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.342 (i)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

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|  | <p>continuing need for separation from the general population.</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. Tennessee Valley Juvenile Detention Center has not used isolation for residents at risk of sexual victimization.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.351</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Resident Rulebook</li> <li>• “What You Should Know About Sexual Abuse, Assault, and Harassment” brochure</li> <li>• “Sexual Assault is an Act of Violence” poster</li> <li>• “Break the Silence of Abuse” poster</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with PREA coordinator</li> <li>• Interviews with random sample of staff</li> <li>• Interviews with random sample of residents</li> <li>• Interviews with residents who reported a sexual abuse</li> <li>• Systems tests</li> <li>• Site review</li> </ul> <p><b>Evidence (corrective action):</b></p> <ul style="list-style-type: none"> <li>• “No Means No” Poster (English and Spanish) (04/06/2025)</li> <li>• Alabama Department of Youth Services Sexual Assault Hotline instructions posted (05/06/2025)</li> <li>• Telephones reprogrammed (05/06/2025)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.351 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.</p> |

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 2):

There are multiple internal ways for detainees to report privately to facility or external officials about: Sexual abuse or harassment; retaliation by other detainees or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 8):

Juveniles who are victims of sexual abuse/assault/harassment have the option to report the incident to any staff member in addition to immediate point-of-contact line staff member. Juveniles may use the Youth Grievance Form, available in each living unit, to report sexual abuse/harassment, or they may make a verbal report to any employee of TVJDC. Juveniles or others may report allegations via a Sexual Assault Hotline 1-855-332-1594 that may be accessed 24 hours a day or the Rape Response Hotline that is able to be accessed 24 hours a day as well.

What was heard, as part of a systematic review of evidence:

Interviews with 12 random staff:

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, writing a grievance, or reporting to staff.

Interviews with 10 random residents:

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

**What was observed as part of a systematic review of evidence:**

Site review:

The auditor reviewed the resident rulebook and the “What You Should Know About Sexual Abuse, Assault, and Harassment”.

The “What You Should Know About Sexual Abuse, Assault, and Harassment” brochure provides the following reporting methods:

- Report to staff

The resident rulebook provides the following reporting methods:

- Report to a staff or other facility personnel.
- Write a grievance.
- Call the Alabama Department of Youth Services Sexual Assault Hotline at 1-855-332-1594

The auditor observed signage was consistent, accessible, and readable. To improve reporting information provided to the residents the facility developed the No Means No Posters (English and Spanish) “No Means No” Poster (English and Spanish) (04/06/2025).

Systems test:

The auditor tested internal reporting by submitting a test grievance. The auditor received a formal written response the same day.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**The facility developed the “No Means No” Poster (English and Spanish) (01/03/2025). The poster includes the following internal reporting methods:**

- **Report to any staff, volunteer, contractor, or medical or mental health staff.**
- **Submit a grievance or a sick call slip.**
- **Report to the PREA coordinator.**
- **Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (the DYS PREA hotline number above or contacting a member of administration at this facility directly. TVJDC, 2216 Missouri St., Tuscumbia, AL 35674 (address) 256-381-3520 (phone) tjackson@tvjdc.com (email).**
- **You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here. DYS PREA Hotline, TVJDC address, phone or email. A Third-Party Reporting link is also available on the facility website: [www.elyjenndetention.com](http://www.elyjenndetention.com).**

**Reasoning and analysis (by provision):**

**115.351 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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 facility does not detain youth solely for civil immigration purposes.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 8):

Juveniles or others may report allegations via a Sexual Assault Hotline 1-855-332-1594 that may be accessed 24 hours a day or the Rape Response Hotline that is able to be accessed 24 hours a day.

**What was heard, as part of a systematic review of evidence:**

Interview with PREA coordinator:

The PREA coordinator confirmed the facility has established a way for residents to report abuse or harassment to the Alabama Department of Youth Services Sexual Assault Hotline, a public entity that is not part of the agency.

Interviews with 10 random residents:

Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility

they could report to.

**What was observed as part of a systematic review of evidence:**

Site review:

The auditor observed the Alabama Department of Youth Services Sexual Assault Hotline number is included in the resident rulebook, "What You Should Know About Sexual Abuse, Assault, and Harassment" brochure, the "Sexual Assault is an Act of Violence" poster, the "Break the Silence of Abuse" poster, and the "No Means No" poster (04/06/2025).

The "No Means No" poster informs residents they can make an anonymous report to the Alabama Department of Youth Services. Resident reports of sexual abuse and sexual harassment would be forwarded agency officials.

Systems test:

The auditor successfully tested external reporting by calling the Alabama Department of Youth Services Sexual Assault Hotline. The Alabama Department of Youth Services PREA coordinator forwarded the report to the director the same day.

The auditor experienced some difficulty making the call due to the instructions provided and telephone programming. Through corrective action, the telephones were reprogrammed, and the facility clarified the instructions for calling the hotline. The facility provided photographic evidence the instructions were posted next to the telephones (05/06/2025). Residents press 1 for English or 2 for Spanish, press 0 for a private call, press 1 for a free call, and then dial the phone number. Residents are not required to enter any identifying information when making the telephone call.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**The facility developed the "No Means No" Poster (English and Spanish) (04/06/2025). The poster includes the Alabama Department of Youth Services Sexual Assault Hotline, an external reporting method that provides for reporting anonymously.**

**The facility clarified the instructions for calling the hotline and provided documented evidence the instructions were posted next to the telephones (05/06/2025).**

**Reasoning and analysis (by provision):**

**115.351 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

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|  | <p><b>What was heard, as part of a systematic review of evidence:</b><br/>Interviews with 12 random staff:<br/>Staff interviewed confirmed verbal reports would be documented immediately, and no later than end of shift.</p> <p>Interviews with 10 random residents:<br/>All 10 residents interviewed stated they could make reports of sexual abuse or sexual harassment either in person or in writing and someone could make the report for them so that they would not have to give their name.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.351 (d)</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/>Interview with PREA coordinator:<br/>The PREA coordinator stated residents provided grievances and writing utensils every night, 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. There is grievance box available to all of the residents.</p> <p><b>What was observed as part of a systematic review of evidence:</b><br/>Site review:<br/>The auditor observed a locked grievance box for making written reports. Additionally, the facility provides grievance forms.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.352</b> | <b>Exhaustion of administrative remedies</b>         |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

**Evidence relied upon in making the compliance determinations:**

- Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28
- Grievance form
- Resident rulebook
- “No Means No” Poster (English and Spanish) (04/06/2025)
- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews with residents who reported a sexual abuse

**Reasoning and analysis (by provision):****115.352 (a)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.352 (b)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28 (page 4):

TVJDC shall not impose a time limit on when a juvenile may submit a grievance regarding an allegation of sexual abuse. TVJDC 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.

Review of resident rulebook:

The auditor reviewed the youth rulebook and observed relevant information is provided. Additionally, the “No Means No” poster (04/06/2025) includes information about the grievance process.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.352 (c)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28. (page 4):

TVJDC 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.

Review of resident rulebook:

The resident rulebook provides information about submitting a grievance.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.352 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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 total time between the discovery of the grievance and the disposition cannot exceed 25 days.

In the past 12 months:

- The number of grievances that were filed that alleged sexual abuse: 0
- The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: N/A
- The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: N/A

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28 (pages 4-5):

TVJDC 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. Computation of the 90-day time period shall not include time consumed by juveniles in preparing any administrative appeal. 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.

**What was heard, as part of a systematic review of evidence:**

Interviews with residents who reported a sexual abuse:

There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.352 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28 (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, TVJDC 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, TVJDC 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.

Review of third-party reports and declination of third-party assistance:

There were no third-party reports.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.352 (f)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28 (pages 5-6):

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 Administration on Call (AOC) in the facility. The AOC shall follow their chain of command in reporting to include TVJDC PREA Monitor. After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the AOC 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.

Review of emergency grievances filed:  
There were no emergency grievances filed.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.352 (g)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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 there were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28 (page 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.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

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| 115.353 | <b>Resident access to outside confidential support services and legal representation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• “Cramer Children’s Center” poster</li> <li>• Memorandum of Understanding between Tennessee Valley Juvenile Detention Center and Cramer Children’s Center</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with superintendent (director)</li> <li>• Interview with PREA coordinator</li> <li>• Interviews with random sample of residents</li> <li>• Interviews with residents who reported a sexual abuse</li> </ul> <p><b>Evidence (corrective action):</b></p> <ul style="list-style-type: none"> <li>• “No Means No” Poster (English and Spanish) (04/06/2025)</li> <li>• Resident PREA Intake Binder updated with information about emotional support services (05/01/2025)</li> <li>• Cramer Children’s Center calling instructions posted (05/06/2025)</li> <li>• Telephones reprogrammed (05/06/2025)</li> </ul> <p><b>Findings (By Provision):</b><br/> <b>115.353 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.</li> </ul> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 13):<br/> TVJDC 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.</p> |

Documentation:

The auditor reviewed the “Cramer Children’s Center” poster and observed the poster provides a mailing address and telephone number for the local victim advocacy organization. The director confirmed that Tennessee Valley Juvenile Detention Center does not detain residents solely for civil immigration purposes.

**What was heard, as part of a systematic review of evidence:**

Interviews with 10 random residents:

Resident interviews revealed limited knowledge of outside victim advocates for emotional support services related to sexual abuse if they ever need it. Corrective action was required.

Interviews with residents who reported a sexual abuse:

There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

**What was observed as part of a systematic review of evidence:**

Site review:

Contact information for outside victim advocate services for emotional support related to sexual abuse is included in the “Cramer Children’s Center” poster.

Systems test:

The auditor called the “Cramer Children’s Center” by dialing the telephone number provided and confirmed calls could be made, and victim advocates would be available by telephone or mail.

The auditor experienced some difficulty making the call due to the instructions provided. Through corrective action, the telephones were reprogrammed, and the facility clarified the instructions for calling the hotline. The facility provided photographic evidence the instructions were posted next to the telephones. (05/06/2025). Residents press 1 for English or 2 for Spanish, press 0 for a private call, press 1 for a free call, and then dial the phone number. Residents are not required to enter any identifying information when making the telephone call.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

- **To increase resident knowledge of outside victim advocate services the facility developed the “No Means No” poster (English and Spanish) (04/06/2025) and posted the new signage where the information is visible to the living units and next to the telephone at intake.**
- **To increase resident knowledge of outside emotional support services the facility updated the Resident PREA Intake Binder to include information about emotional support services, the “Cramer Children’s Center” poster, and the “No Means No” poster (5/01/2025).**
- **The facility clarified the instructions for calling the Cramer Children’s Center and provided documented evidence the instructions were posted next to the telephones (05/06/2025).**

**Reasoning and analysis (by provision):**

**115.353 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 13):

TVJDC 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.

Document review:

The "Cramer Children's Center" poster informs residents the extent to which such communications will be monitored. Additionally, the poster indicates Cramer Children's Center victim advocates are mandatory reporters.

**What was heard, as part of a systematic review of evidence:**

Interviews with 10 random residents:

- One of the residents interviewed (50%) were knowledgeable that their conversations with people from these services would be told to or listened to by someone else and if they reported harm to themselves or others it would be reported.
- One of the residents interviewed (50%) stated they were not knowledgeable of services available outside of the facility for dealing with sexual abuse if they ever need it.

Corrective action was required.

Interviews with residents who reported a sexual abuse:  
See 115.353 (a).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.**

**To improve resident knowledge of services available, the facility revised the Resident PREA Intake Binder to include emotional support services information (05/01/2025).**

**The new "No Means No" poster (04/06/2025) indicates staff will not monitor calls to the Cramer Children's Center and Cramer Children's Center victim advocates are mandatory reporters and therefore there are limits to confidentiality.**

**Reasoning and analysis (by provision):**

**115.353 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

TVJDC shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide juveniles with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Document review:

The auditor reviewed the memorandum of understanding between Tennessee Valley Juvenile Detention Center and the Cramer Children's Center. The agreement provides residents with emotional support services related to sexual abuse.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.353 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

TVJDC shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

**What was heard, as part of a systematic review of evidence:**

Interview with superintendent (director):

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

Interviews with 10 random residents:

- All 10 of the residents interviewed (100%) stated the facility allows them to see or talk with a lawyer and the facility will allow them to talk with that person privately.

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|  | <ul style="list-style-type: none"> <li>• All 10 of the residents interviewed (100%) stated the facility allows them to see or talk with their parents or someone else.</li> </ul> <p>Interviews with residents who reported a sexual abuse:<br/>See 115.353 (a).</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.354 | Third-party reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Website: <a href="http://www.elyjenndetention.com/PREA.html">http://www.elyjenndetention.com/PREA.html</a></li> <li>• Third-party Reporting Test</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Site review</li> </ul> <p><b>Evidence (corrective action):</b></p> <ul style="list-style-type: none"> <li>• No Means No Posters (English and Spanish) (04/06/2025)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.354 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p><b>What was observed as part of a systematic review of evidence:</b><br/>Site Review:<br/>The auditor reviewed the Tennessee Valley Juvenile Detention Center website at <a href="http://www.elyjenndetention.com/PREA.html">http://www.elyjenndetention.com/PREA.html</a> and observed a third-party reporting form is available on the agency's website.</p> <p>Third party-reporting information was posted in the facility through corrective action (04/06/2025). The "No Means No" poster includes the following third-party reporting method:</p> <ul style="list-style-type: none"> <li>• You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here. DYS PREA Hotline, TVJDC address, phone or email. A third-party reporting link is also available on the facility website at</li> </ul> |

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|  | <p>www.elyjennndetention.com.</p> <p>Systems test:<br/>The auditor successfully tested third-party reporting by submitting a third-party test reporting form to the facility's email address at: tjackson@tvjdc.com (04/28/2025). The auditor received an email confirming the report was received the same day.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is completed.</b></p> <p><b>The facility developed the "No Means No" posters (English and Spanish) (04/06/2025) and posted them in the facility where they can be viewed by staff, residents, and visitors.</b></p> |
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| 115.361 | Staff and agency reporting duties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with superintendent (director)</li> <li>• Interview with PREA coordinator</li> <li>• Interviews with a random sample of staff</li> <li>• Interviews with medical and mental health staff</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.361 (a)</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>The agency requires all staff to report immediately and according to agency policy:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Any retaliation against residents or staff who reported such an incident.</li> <li>• Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</li> </ul> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 9):<br/>Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of sexual assault/</p> |

harassment that is alleged to have occurred. The supervisor shall immediately notify the facility Administration on call (AOC) who shall then initiate a Critical Incident Report. An investigation shall be conducted and documented whenever a sexual assault is alleged, threatened, or occurs.

**What was heard, as part of a systematic review of evidence:**

Interviews with 12 random staff:

All 12 staff stated they are required 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.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action not required.**

**Reasoning and analysis (by provision):**

**115.361 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

What was heard, as part of a systematic review of evidence:

Interviews with 12 random staff:

All 12 staff stated they are aware of Alabama laws related to mandatory reporting of sexual abuse.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.361 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 9):

Apart from reporting to designated supervisors, administrative investigators, law enforcement and designated State agencies, staff are prohibited from revealing any information related to a sexual assault report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and

other security and management decisions.

**What was heard, as part of a systematic review of evidence:**

Interviews with 12 random staff:

All 12 staff stated they are 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 and management decisions. They stated they would report to their supervisor, the assistant director, and the director.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.361 (d)**

**What was heard, as part of a systematic review of evidence:**

Interviews with mental health and medical staff:

The mental health and medical staff both confirmed at the initiation of services to a resident, they disclose the limitations of confidentiality and their duty to report. They both confirmed they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it. They both stated they have not become aware of such incidents.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.361 (e)**

**What was heard, as part of a systematic review of evidence:**

Interview with PREA coordinator/superintendent (director):

The director stated when the facility receives an allegation of sexual abuse, they report the allegation to law enforcement. If the victim is under the guardianship of the child welfare system, they stated the allegation would be reported to the victim's social worker through the probation officer. Lastly, they 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 through the probation officer. Notifications would be made immediately upon receiving an allegation of sexual abuse.

**Reasoning and analysis (by provision):**

**115.361 (f)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 10):

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

**What was heard, as part of a systematic review of evidence:**

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|  | <p>Interview with superintendent (director):<br/>The director stated all allegations of sexual abuse and sexual harassment, including third-party and anonymous sources, are reported to investigators.</p> <p><b>Finding and Policy Suggestion:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.362</b> | <b>Agency protection duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with agency head (director)</li> <li>• Interview with superintendent (director)</li> <li>• Interview with random sample of staff</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.362 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.28 (page 5):<br/>After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the AOC 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.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/>Interview with the agency head/superintendent (director):<br/>The director stated immediate actions would be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include removing the resident from the situation or potential harm.</p> |

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|  | <p>Interviews with 12 random staff:</p> <p>Staff stated if they learn a resident is at risk of imminent sexual abuse, actions they would take to protect the resident would include separation, placing a resident in a safe area away from potential harm, providing different programming, close observation, and reporting.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.363 | Reporting to other confinement facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Reporting to Other Confinement Facilities form</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with agency head (director)</li> <li>• Interview with superintendent (director)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.363 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> 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>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 10):<br/> Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency, using Form 115.363 Reporting to Other Confinement Facilities.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this</b></p> |

**provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.363 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 10):

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.363 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 10):

See 115.363 (b).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.363 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 10):

The facility administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.

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|  | <p><b>What was heard, as part of a systematic review of evidence:</b></p> <p>Interview with agency head (director):</p> <p>The director stated when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the facility director would be contacted, and the investigation would be conducted internally for allegations of sexual harassment and externally, by law enforcement, for allegations of sexual abuse.</p> <p><b>Finding:</b></p> <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.364</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• First Responder Guidelines for Sexual Assault at Tennessee Valley Juvenile Detention</li> <li>• First Responder Checklist for Sexual Assault Allegations</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interviews with security staff and non-security staff first responders</li> <li>• Interviews with a random sample of staff</li> <li>• Interviews with residents who reported a sexual abuse</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.364 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b></p> <p>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:</p> <p>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</p> |

respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (pages 10-11):

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

- a. Separate the alleged victim and abuser;
- b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- c. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
- d. The staff first responder shall be 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. and then notify supervisor. Refer to Form 115.364 First Responder Checklist and Form 115.364.1 First Responder Guidelines for Sexual Assault.

**What was heard, as part of a systematic review of evidence:**

Interviews with security staff and non-security staff first responders:

Staff stated 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.

Interviews with residents who reported a sexual abuse:

There were no residents, present during the onsite phase of the audit, who reported sexual abuse or sexual harassment.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.364 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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,

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|  | <p>the number of times a non-security staff member was the first responder: N/A</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/>Interviews with 12 random staff and security staff and non-security staff first responders:<br/>The 12 staff stated 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> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.365</b> | <b>Coordinated response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center Coordinated Response Plan for Sexual Abuse Allegations</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with superintendent (director)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.365 (a):</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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>Tennessee Valley Juvenile Detention Center Coordinated Response Plan for Sexual Abuse Allegations:<br/>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 plan coordinates 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><b>What was heard, as part of a systematic review of evidence:</b><br/>Interview with superintendent (director):<br/>The director stated the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.</p> |

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|  | <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.366</b> | <b>Preservation of ability to protect residents from contact with abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with agency head (director)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.366 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into a collective bargaining agreement since the last PREA audit.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/> Interview with agency head (director):<br/> The director stated the agency has not entered into or renewed any collective bargaining agreements.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.366 (b)</b><br/> N/A</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |

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| <b>115.367</b> | <b>Agency protection against retaliation</b>                |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> |
|                | <p><b>Auditor Discussion</b></p>                            |

**Evidence relied upon in making the compliance determinations:**

- Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.3
- Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1
- Tennessee Valley Juvenile Detention Center Protections Against Retaliation form
- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interview with agency head designee (director)
- Interview with superintendent (director)
- Interview with designated staff member charged with monitoring retaliation
- Interviews with residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)
- Interviews with residents who reported a sexual abuse
- Site review

**Reasoning and analysis (by provision):****115.367 (a)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The agency has designated the director with monitoring for possible retaliation.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.3 (page 1):

It is TVJDC 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. It is the responsibility of the facility Administrator to designate which staff members are charged with monitoring retaliation.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 2):

Any employee or juvenile of TVJDC is prohibited from retaliating against other employees or juveniles for reporting allegations of sexual assault/harassment.

Employees and/or juveniles who are found to have violated this prohibition shall be subject to disciplinary action.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.367 (b)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.3 (page 1):

The facility shall employ multiple protection measures, 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

**What was heard, as part of a systematic review of evidence:**

Interview with agency head designee/superintendent (director):

The director confirmed the agency would protect residents and staff from retaliation for sexual abuse or sexual harassment allegations by separation through retaliation monitoring.

Interview with designated staff member charged with monitoring retaliation (director):

The director stated the role they play 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 would be to monitor interactions, monitor disciplinary sanctions against residents, monitoring grievances, and making their self and the assistant director available and visible to the residents. The different measures they would take to protect those residents and staff from retaliation would include monitoring and documenting red flags and concerns. They confirmed they would initiate contact with residents who have reported sexual abuse and would conduct weekly status checks.

Interviews with residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse):

There were no residents in isolation, during the onsite phase of the audit.

Interviews with residents who reported a sexual abuse:

There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

**What was observed as part of a systematic review of evidence:**

Site review:

There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported a sexual abuse.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.367 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

- The length of time that the agency and/or facility monitors the conduct or

treatment: 90 days

- The agency/facility acts promptly to remedy any such retaliation.
- The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- The number of times an incident of retaliation occurred in the past 12 months: 0

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.3 (page 1):

For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Monitoring shall be done using Form 115.367: Protection Against Retaliation.

**What was heard, as part of a systematic review of evidence:**

Interview with superintendent (director):

The director stated measures they would take when they suspect retaliation would include monitoring.

Interview with designated staff member charged with monitoring retaliation (director):

The director stated things they look for to detect possible retaliation includes repeat room confinement, body language, and changes in behavior. They would monitor resident disciplinary reports. They stated they 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, or until a resident leaves if monitoring indicates a continued need.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.367 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.3 (page 2):

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

Documentation of monitoring of residents:

The auditor reviewed the Protections Against Retaliation form and observed the form is designed for weekly periodic status checks for 90 days or longer.

**What was heard, as part of a systematic review of evidence:**

Interview with designated staff member charged with monitoring retaliation (director):

The director stated monitoring in the form of periodic status checks occurs for at

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|  | <p>least 90 days and longer if needed.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.367 (e)</b><br/> <b>What was heard, as part of a systematic review of evidence:</b><br/> Interview with superintendent (director):<br/> The director stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation include informing them of the retaliation policy and how to report. Separation and monitoring would occur.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.367 (f)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.3 (page 2) A facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.368</b> | <b>Post-allegation protective custody</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with superintendent (director)</li> <li>• Interviews with residents in isolation (for risk of sexual victimization)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.368 (a):</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:</p> |

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|  | <p>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>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 7):</p> <p>Residents alleging 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, facilities 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 the Administrator or designee. Residents shall also have access to other programs and work opportunities to the extent possible. Documentation shall be maintained by Assistant Administrator for these Special Management cases.</p> <p><b>What was heard, as part of a systematic review of evidence:</b></p> <p>Interview with superintendent (director):</p> <p>The director stated the facility has not used segregated housing in this manner. They stated residents would only be isolated from others 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.</p> <p>Interviews with residents in isolation (for risk of sexual victimization):</p> <p>There were no residents in isolation during the onsite phase of the audit.</p> <p><b>Finding:</b></p> <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.371</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 4.3.1</li> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Staff PREA Training PowerPoint</li> <li>• Investigator Training log</li> <li>• Internal Investigator Receipts of PREA</li> </ul> |

- National Institute of Corrections' Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course Certificates
- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interview with superintendent (director)
- Interview with PREA coordinator
- Interview with administrative investigative staff (assistant director)
- Interviews with residents who reported a sexual abuse

**Reasoning and analysis (by provision):**

**115.371 (a)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency/facility has a policy related to criminal and administrative agency investigations.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1(page 9):

Allegations of sexual abuse shall be investigated pursuant to Policy and Procedure 1.29 (Administrative Investigations).

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29 (page 1):

It is TVJDC policy that facility personnel shall notify the Administrative Investigators of any allegations of abuse and neglect, sexual misconduct, assaults, deaths, attempted suicides, and special circumstances (as identified in procedures below).

This policy identifies the responsibilities in connection with such allegations and the responsibilities of the Administrative Investigators regarding investigations.

Sample of investigative records/reports for allegations of sexual abuse or sexual harassment:

There were no allegations of sexual abuse or sexual harassment and therefore no investigative reports.

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated an investigation following an allegation of sexual abuse or sexual harassment is initiated upon notification Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1

(page 13):

Trained investigators will conduct investigations.

Review of training records/logs of investigative staff:

The auditor reviewed annual training required by § 115.331 and National Institute of Corrections' Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course Certificate.

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated they received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. They stated they received the training required by §115.331 and completed the specialized training topics.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 13):

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

Investigation reports:

Review of investigative reports:

There were no reported allegations of sexual abuse or sexual harassment.

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated getting statements and making notifications would be the first steps in initiating an investigation. The investigation process includes getting statements, reviewing camera footage, and coordinating with the director. Direct and circumstantial evidence they may be responsible for gathering in an investigation of an incident of sexual abuse would include electronic monitoring data, interviews, and/ prior complaints & reports of sexual abuse.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 13):

The TVJDC shall not terminate an investigation solely because the source of the allegation recants the allegation.

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated an investigation does not terminate if the source of the allegation recants the allegation.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.371 (e)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

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

Investigation reports:

See 115.371 (c).

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated if there is evidence that a prosecutable crime may have taken place, the Colbert County Sheriff's Office would conduct compelled interviews.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.371 (f)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

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 detainee or staff.

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated they judge the credibility of an alleged victim, suspect, or witness based on evidence. They stated under no circumstance, do they require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

Interviews with residents who reported a sexual abuse:

There were no residents, present during the onsite phase of the audit, who reported a sexual abuse allegation.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (g)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

Administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse; and 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.

Investigation reports:

See 115.317 (c).

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated the efforts they make during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include suspension or termination based on severity of the allegation. They confirmed administrative investigations are documented and the investigation reports would include the allegation, outcome, and disciplinary results.

Interviews with residents who reported a sexual abuse:

See 115.381 (f).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (h)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

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.

Criminal investigation reports:

There were no criminal investigation reports.

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated criminal investigations are documented by the Colbert County Sheriff's Office.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (i)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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

Law enforcement would refer substantiated allegations that appear to be criminal for prosecution.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated the Colbert County Sheriff's Office would refer substantiated allegations that appear to be criminal for prosecution.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (j)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

The TVJDC shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the TVJDC, plus five years, unless the abuse was committed by a detainee and applicable law requires a shorter period of retention.

Investigation reports:

See 115.371 (c).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (k)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

The departure of the alleged abuser or victim from the employment or control of the TVJDC shall not provide a basis for terminating an investigation.

**What was heard, as part of a systematic review of evidence:**

Interview with investigative staff (assistant director):

The assistant director stated an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. They stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation they would continue with the investigation.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.371 (m)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 14):

When outside agencies investigate sexual abuse, the TVJDC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of

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|  | <p>the investigation.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/> Interview with superintendent (director)/PREA coordinator:<br/> The director stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation and provides all information requested.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.372 | Evidentiary standard for administrative investigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|         | <p><b>Auditor Discussion</b></p> <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.1</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with investigative staff (director)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.372 (a):</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> 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>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.1 (page 14):<br/> TVJDC 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><b>What was heard, as part of a systematic review of evidence:</b><br/> Interview with investigative staff (director):<br/> The director stated they require the preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |

| 115.373 | Reporting to residents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|         | <p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1295 376"><b>Evidence relied upon in making the compliance determinations:</b></p> <ul data-bbox="279 383 1436 712" style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.2</li> <li>• Tennessee Valley Juvenile Detention Center Juvenile Notification of Investigative Outcome form</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with investigative staff (director)</li> <li>• Interview with superintendent (director)</li> <li>• Interviews with residents who reported a sexual abuse</li> </ul> <p data-bbox="279 745 895 779"><b>Reasoning and analysis (by provision):</b></p> <p data-bbox="279 786 464 819"><b>115.373 (a)</b></p> <p data-bbox="279 831 1222 864"><b>What was read, as part of a systematic review of evidence:</b></p> <p data-bbox="279 875 1481 1077">Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency has a policy requiring that any resident who makes an allegation that he or he 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.</p> <p data-bbox="279 1111 600 1144">In the past 12 months:</p> <ul data-bbox="279 1151 1476 1352" style="list-style-type: none"> <li>• The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency: 0</li> <li>• 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: N/A</li> </ul> <p data-bbox="279 1391 1390 1469">Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.2 (page 1):</p> <p data-bbox="279 1476 1473 1637">It is TVJDC policy that following an investigation into a juvenile's allegation of sexual abuse suffered in the facility; the Administrative Investigator shall inform the juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="279 1675 925 1709">Review of resident outcome notification form:</p> <p data-bbox="279 1715 1469 1917">The auditor reviewed the Tennessee Valley Juvenile Detention Center Juvenile Notification of Investigative Outcome form and observed the form is inclusive of the standard provision requirements of informing residents as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p data-bbox="279 1955 1436 2074">The auditor reviewed one notification to a resident for an unfounded allegation of staff sexual misconduct incidental to a search. The resident was informed of the outcome in writing.</p> |

**What was heard, as part of a systematic review of evidence:**

Interview with superintendent/investigative staff (director):

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.373 (b)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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:

- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0
- 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: N/A

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.2 (page 2):

If the facility did not conduct the investigation, the Administrative Investigator shall request the relevant information from the investigative agency in order to inform the juvenile.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.373 (c)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.2 (page 1):

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

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

Review of resident outcome notification form:

The auditor reviewed the Tennessee Valley Juvenile Detention Center Resident Notification of Investigative Outcome form and observed the form is inclusive of the standard provision requirements.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.373 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.2 (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:

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

Review of resident outcome notification form:

The auditor reviewed the Tennessee Valley Juvenile Detention Center Resident Notification of Investigative Outcome form and observed the form is inclusive of the standard provision requirements.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this**

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|  | <p><b>provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.373 (e)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> The agency has a policy that all notifications to residents described under this standard are documented.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.2 (page 2):<br/> All such notifications or attempted notifications shall be documented using Form 115.373 Juvenile Notification of Investigative Outcome.</p> <p>Review of resident outcome notification form:<br/> The auditor reviewed the Tennessee Valley Juvenile Detention Center Resident Notification of Investigative Outcome form and two examples and observed the form is used to document notifications.</p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.373 (f)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 1.29.2 (page 2):<br/> The facility obligation to report shall terminate if the juvenile is released from the agency's custody.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.376 | Disciplinary sanctions for staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Employee Handbook</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.376 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:</p> |

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 15):

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.376 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

In the past 12 months:

- The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0
- 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: N/A

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 15):

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.376 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 15):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or

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|  | <p>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><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.376 (d)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> 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>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 15):<br/> All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.377 | Corrective action for contractors and volunteers                                                                                                                                                                                                                                                                                                                                                                          |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                               |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                          |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with superintendent (director)</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> |

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|  | <p><b>115.377 (a)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b></p> <p>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 17):</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p><b>Finding:</b></p> <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.377 (b)</b></p> <p><b>What was read, as part of a systematic review of evidence:</b></p> <p>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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><b>What was heard, as part of a systematic review of evidence:</b></p> <p>Interview with superintendent (director):</p> <p>The director stated the facility would take remedial measures and prohibit entry into the facility and referred for a criminal investigation.</p> <p><b>Finding:</b></p> <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.378</b> | <b>Interventions and disciplinary sanctions for residents</b>        |
|                | <b>Auditor Overall Determination:</b> Meets Standard                 |
|                | <b>Auditor Discussion</b>                                            |
|                | <b>Evidence relied upon in making the compliance determinations:</b> |

- Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1
- Resident Rule Book
- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interview with superintendent (director)
- Interview with mental health staff

**Reasoning and analysis (by provision):**

**115.378 (a)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

In the past 12 months:

- The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
- The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 16):

A juvenile may be subject to disciplinary sanctions by the Administrator only pursuant to a formal 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.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.378 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

In the past 12 months:

- The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0
- 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
- 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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 16):

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 the Administrator or designee. Juveniles shall also have access to other programs and opportunities to the extent possible. Documentation will be made by Assistant Administrator for special management cases.

**What was heard, as part of a systematic review of evidence:**

Interview with superintendent (director):

The director stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include loss of privileges. An allegation that was determined to be criminal would be referred for prosecution. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Tennessee Valley Juvenile Detention Center does not use isolation as a disciplinary measure.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.378 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 16):

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.

**What was heard, as part of a systematic review of evidence:**

Interview with superintendent (director):

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

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.378 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 16):

The facility may make a recommendation to the county court personnel to which the resident is assigned counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

**What was heard, as part of a systematic review of evidence:**

Interview with mental health staff:

The mental health staff stated the facility would offer therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse to an offending resident. They would not require a resident's participation as a condition of access to any rewards-based behavior management system or programming or education.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.378 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 16):

The facility may discipline a juvenile for sexual contact with staff only upon a finding

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|  | <p>that the staff member did not consent to such contact.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.378 (f)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> 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.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 16):<br/> For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.381</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Alabama Department of Youth Services Screening Assessment for Risk of Sexual Victimization and Abusiveness</li> <li>• Tennessee Valley Pediatrics Behavioral Health contract</li> <li>• Physician contract</li> <li>• Physical examination forms</li> <li>• Mental health follow-up notes</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with staff responsible for risk screening</li> <li>• Interviews with medical and mental health staff</li> <li>• Interviews with residents who disclose sexual victimization at risk screening</li> <li>• Site review</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> |

**115.381 (a)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%

Review of medical/mental health secondary materials:

The auditor reviewed mental health notes for three residents interviewed, who disclosed prior sexual victimization during risk screening, and observed the follow-up meetings with a mental health practitioner are provided according to the standard provision requirement. Additionally, the auditor reviewed physical examination forms and observed all residents are seen by medical staff.

**What was heard, as part of a systematic review of evidence:**

Interviews with residents who disclose sexual victimization at risk screening:  
During the onsite phase of the audit, no residents were identified as reporting prior sexual victimization during risk screening.

Interview with staff responsible for risk screening (mental health counselor):  
The mental health counselor stated 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.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.381 (b)****What was read, as part of a systematic review of evidence:**

**Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:**

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

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

health counselors was effective 02/01/2025. Prior to the contract, mental health services were made available via court in such cases as deemed necessary.)

Review of medical/mental health secondary materials:

The auditor reviewed physical examination forms and observed all residents are seen by medical staff. The director indicated all residents have a physical within seven days of admission to the facility.

**What was heard, as part of a systematic review of evidence:**

Interview with staff responsible for risk screening (mental health counselor):

The mental health counselor stated 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.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.381 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 7):

Any information related to sexual abuse victimization or abusiveness that occurred in an institutional setting shall be strictly limited to court personnel, medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments. Refer to Form 115.341.2 Guidelines for PREA Shared Information.

**What was observed, as part of a systematic review of evidence:**

Site review:

The auditor observed risk assessment are maintained in a locked file cabinet in the director's office.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.381 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

Medical and mental health practitioners obtain informed consent from residents

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|  | <p>before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 7):</p> <p>Medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p><b>What was heard, as part of a systematic review of evidence:</b></p> <p>Interview with medical and mental health staff:</p> <p>The mental health staff stated they are required to obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. Residents 14 and older can consent without their parent's consent.</p> <p>The medical staff stated they are required to obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting for residents 18 years of age or older.</p> <p><b>Finding:</b></p> <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.382 | Access to emergency medical and mental health services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Memorandum of understanding between Tennessee Valley Juvenile Detention Center and Cramer Children's Center</li> <li>• Tennessee Calley Pediatrics Behavioral Health contract</li> <li>• First Responder Guidelines for Sexual Assault at Tennessee Valley Juvenile Detention</li> <li>• First Responder Checklist for Sexual Assault Allegations</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interviews with medical and mental health staff</li> <li>• Interviews with residents who reported a sexual abuse</li> <li>• Interviews with security staff and non-security staff first responders</li> <li>• Site review</li> </ul> <p><b>Reasoning and analysis (by provision):</b></p> <p><b>115.382 (a)</b></p> |

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 16):

TVJDC utilizes Helen Keller Hospital for emergency medical services. Cramer Children's Center will provide forensic medical examinations for victims of sexual assault.

**What was heard, as part of a systematic review of evidence:**

Interviews with medical and mental health staff:

The medical and mental health staff both confirmed resident victims of sexual abuse receive immediate, unimpeded access to emergency medical treatment and crisis intervention services. They both stated the nature and scope of these services would be determined according to their professional judgement.

Interviews with residents who reported a sexual abuse:

There were no residents who reported a sexual abuse, present during the onsite phase of the audit.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):****115.382 (b)****What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 11):

On-site treatment for sexual assault victims shall be limited to emergency measures only in order to stabilize the juvenile without interfering with evidence collection. Documentation shall clearly state all actions taken.

Victims of sexual assault shall be referred under appropriate security provisions to

Cramer Children's Center for treatment and gathering of evidence. The facility shall document that the Cramer Children's Center follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

**What was heard, as part of a systematic review of evidence:**

Interviews with security staff and non-security staff first responders:

Staff were knowledgeable of their first responder duties. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders would take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.382 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 12):

The Facility contracted medical staff shall request the local rape crisis center/hospital to take a history that includes an examination to document the extent of physical injury and to determine if referral to another medical facility and/or services is indicated. The rape crisis center/hospital shall include:

- a. Collection of evidence from the victim, using a kit approved by the appropriate authority;
- b. Giving the evidence collected by the rape crisis center/hospital directly to local law enforcement;
- c. Tests for sexually transmitted diseases (for example, HIV, Gonorrhea, Hepatitis, and other diseases) and provision of counseling, as appropriate; and
- d. Prophylactic treatment and follow-up for sexually transmitted diseases.

When the juvenile returns to the facility the contracted medical staff shall ensure that the juvenile victim received testing to include, but not be limited to:

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|  | <p>Trichomonas (females), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. If testing did not occur at the rape crisis center/hospital, these tests shall be performed as indicated by the facility contract physician. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility contract physician.</p> <p>The facility contracted medical staff shall ensure that the aggressor, if a juvenile, shall receive testing to include, but not be limited to: Trichomonas (females), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility contract physician.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/>Interviews with medical and mental health staff:<br/>The medical staff confirmed victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>Interviews with residents who reported a sexual abuse:<br/>See 115.382 (a).</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.382 (d)</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.383</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                           |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Memorandum of understanding between Tennessee Valley Juvenile Detention Center and Cramer Children's Center</li> </ul> |

- Tennessee Valley Pediatrics Behavioral Health contract
- Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)
- Interviews with medical and mental health staff
- Interviews with residents who reported a sexual abuse
- Site review

**Reasoning and analysis (by provision):**

**115.383 (a)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

**What was observed as part of a systematic review of evidence:**

Site review:

The auditor observed medical facilities during the site review. Additionally, services are available at the Cramer Children's Center.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.383 (b)**

**What was read, as part of a systematic review of evidence:**

Review of medical records:

Due to no allegations of sexual abuse there were no medical records or secondary documentation that demonstrated victims receive 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.

**What was heard, as part of a systematic review of evidence:**

Interviews with medical and mental health staff:

The medical and mental health staff stated evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. The mental health staff stated they would develop a safety plan. The medical staff stated they would provide follow-up services based on the hospital discharge notes.

Interviews with residents who reported a sexual abuse:

There were no residents, present during the onsite phase of the audit, who reported sexual abuse or sexual harassment.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.383 (c)**

**What was read, as part of a systematic review of evidence:**

Review of medical records:

Due to no allegations of sexual abuse there were no medical records or secondary documentation that demonstrated victims received medical and mental health services

consistent with community level of care.

**What was heard, as part of a systematic review of evidence:**

Interviews with medical and mental health staff:

The medical and mental health staff both stated medical and mental health services are consistent with the community level of care.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.383 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

Review of medical records:

Due to no allegations of sexual abuse there were no medical records or secondary documentation that demonstrated female victims were offered pregnancy tests.

**What was heard, as part of a systematic review of evidence:**

Interviews with female residents who reported a sexual abuse:

There were no female residents who reported a sexual abuse during the past 12 months.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.383 (e)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:

If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

**What was heard, as part of a systematic review of evidence:**

Interviews with medical and mental health staff:

The medical staff stated if pregnancy results from sexual abuse while incarcerated,

victims given immediate information and access to all lawful pregnancy-related services.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**115.383 (f)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Review of medical records:

Due to no allegations of sexual abuse there were no medical records or secondary documentation that demonstrated victims are offered tests for sexually transmitted infections as medically appropriate.

**What was heard, as part of a systematic review of evidence:**

Interviews with medical and mental health staff:

The medical staff stated victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.383 (g)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**What was heard, as part of a systematic review of evidence:**

Interviews with residents who reported a sexual abuse:

See 115.383 (b).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.383 (h)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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

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|  | <p>treatment when deemed appropriate by mental health practitioners.</p> <p>Review of medical records:<br/>Due to no allegations of sexual abuse there were no mental health records or secondary documentation that demonstrated evaluations of resident-on-resident abusers.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/>Interviews with medical and mental health staff:<br/>The mental health staff stated a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.386 | Sexual abuse incident reviews                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Sexual Abuse/Sexual Assault Critical Incident Review form</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with superintendent (director)</li> <li>• Interview with PREA coordinator</li> <li>• Interview with incident review team</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.386 (a)</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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.</p> <p>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</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 17):</p> |

The facility PREA Monitor shall conduct a sexual abuse incident review using Form 115.386 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.

Review of completed criminal or administrative investigations of sexual abuse:  
There were no substantiated or unsubstantiated allegations of sexual abuse.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.386 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 17):

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

Review of completed criminal or administrative investigations of sexual abuse:  
See 115.386 (a).

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.386 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 17):

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical personnel.

**What was heard, as part of a systematic review of evidence:**

Interview with superintendent (director):

The director stated 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.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.386 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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 Director.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (pages 17-18):

The review team shall:

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

Review of findings from sexual abuse incident reviews:

The auditor reviewed the Tennessee Valley Juvenile Detention Center Sexual Abuse/ Sexual Assault Critical Incident Review form. The form is inclusive of the standard provision requirements.

**What was heard, as part of a systematic review of evidence:**

Interview with superintendent (director):

The director stated they are a part of the sexual abuse incident review team. They stated 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

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|  | <p>barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. They stated the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.386 (e)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 18):<br/> The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.387 | Data collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Tennessee Valley Juvenile Detention Center Sexual Abuse Critical Incident Review form</li> <li>• Survey of Sexual Victimization Substantiated Incident Form (Juvenile)</li> <li>• Survey of Sexual Victimization: 2023 Locally or Privately Operated Juvenile Facilities Summary Form</li> <li>• Published Annual Reports for 2017-2024</li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.387 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> 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</p> |

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 Violence conducted by the Department of Justice.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 18):

TVJDC 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 Report, standardized instrument and definition.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.387 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: The agency aggregates the incident-based sexual abuse data at least annually.

Review of incident-based data collection:

The auditor observed published annual report for 2017 through 2024. The auditor observed the report includes aggregated data.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.387 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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 (SSV) conducted by the Department of Justice.

Incident form:

The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) and observed the instrument includes the data necessary to answer all questions from the SSV.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.387 (d)**

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|  | <p><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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>Investigation reports:<br/>There were no reported allegations of sexual abuse or harassment.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.387 (e)</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>Tennessee Valley Juvenile Detention Center does not contract with other facilities for the confinement of its residents.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> <p><b>Reasoning and analysis (by provision):</b><br/><b>115.387 (f)</b><br/><b>What was read, as part of a systematic review of evidence:</b><br/>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>The agency was requested to provide the Department of Justice (DOJ) with data from the previous calendar year.</p> <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 18):<br/>Upon request, TVJDC shall provide such data from the previous calendar year to the Department of Justice on the U.S. Justice Department's Survey of Sexual Victimization, Form SSV-6.</p> <p>Survey of Sexual Victimization:<br/>The auditor reviewed the Survey of Sexual Victimization: 2023 Locally or Privately Operated Juvenile Facilities Summary Form and observed the agency provided the Department of Justice (DOJ) with data from the previous calendar year.</p> <p><b>Finding:</b><br/><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| <b>115.388</b> | <b>Data review for corrective action</b> |
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|  | <div data-bbox="280 118 981 152" data-label="Text"><p><b>Auditor Overall Determination:</b> Meets Standard</p></div> <div data-bbox="280 197 564 230" data-label="Section-Header"><p><b>Auditor Discussion</b></p></div> <div data-bbox="280 275 1297 309" data-label="Section-Header"><p><b>Evidence relied upon in making the compliance determinations:</b></p></div> <div data-bbox="280 315 1417 555" data-label="List-Group"><ul style="list-style-type: none"><li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li><li>• Published Annual Reports for 2017-2024</li><li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li><li>• Interview with agency head designee (director)</li><li>• Interview with PREA coordinator</li></ul></div> <div data-bbox="280 595 896 629" data-label="Section-Header"><p><b>Reasoning and analysis (by provision):</b></p></div> <div data-bbox="280 636 464 669" data-label="Section-Header"><p><b>115.388 (a)</b></p></div> <div data-bbox="280 676 1224 710" data-label="Section-Header"><p><b>What was read, as part of a systematic review of evidence:</b></p></div> <div data-bbox="280 716 1474 1046" data-label="Text"><p>Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/>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:</p><ul style="list-style-type: none"><li>• Identifying problem areas;</li><li>• Taking corrective action on an ongoing basis; and</li><li>• 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.</li></ul></div> <div data-bbox="280 1086 1463 1411" data-label="Text"><p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 18):<br/>The PREA Coordinator 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:</p><ol style="list-style-type: none"><li>a. Identifying problem areas;</li><li>b. Taking corrective action on an ongoing basis; and</li><li>c. Preparing an annual report of findings and corrective actions for the facility.</li></ol></div> <div data-bbox="280 1451 1265 1525" data-label="Text"><p>Review of documentation of corrective action plans:<br/>The auditor observed published annual report for 2017 through 2024.</p></div> <div data-bbox="280 1565 1244 1599" data-label="Section-Header"><p><b>What was heard, as part of a systematic review of evidence:</b></p></div> <div data-bbox="280 1606 1474 1765" data-label="Text"><p>Interviews with agency head designee (director)/PREA coordinator:<br/>The director stated 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.</p></div> <div data-bbox="280 1805 411 1839" data-label="Section-Header"><p><b>Finding:</b></p></div> <div data-bbox="280 1845 1396 1921" data-label="Text"><p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p></div> <div data-bbox="280 1962 896 1995" data-label="Section-Header"><p><b>Reasoning and analysis (by provision):</b></p></div> <div data-bbox="280 2002 464 2036" data-label="Section-Header"><p><b>115.388 (b)</b></p></div> <div data-bbox="280 2042 1224 2076" data-label="Section-Header"><p><b>What was read, as part of a systematic review of evidence:</b></p></div> |
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Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 18):

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.

Review of annual reports:

The auditor observed published annual report for 2017 through 2024. The auditor observed the reports provide an assessment of the agency's progress in addressing sexual abuse.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.388 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 18):

The Annual PREA Report shall be approved by the Administrator.

Review of annual reports:

The auditor reviewed the Tennessee Valley Juvenile Detention Center website at <http://www.elyjenndetention.com/PREA.html> and observed published annual reports for 2017 through 2024. The auditor observed the reports are approved by the director.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.388 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:  
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.

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|  | <p>Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 18):</p> <p>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.</p> <p>Review of annual reports:</p> <p>The auditor reviewed published annual reports for 2017 through 2024. The auditor observed the reports indicate no personal identifying information is included.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |
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| 115.389 | Data storage, publication, and destruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1</li> <li>• Published Annual Reports for 2017-2024</li> <li>• Tennessee Valley Juvenile Detention Center Website: <a href="http://www.elyjennetention.com/PREA.html">http://www.elyjennetention.com/PREA.html</a></li> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interview with PREA coordinator</li> </ul> <p><b>Reasoning and analysis (by provision):</b><br/> <b>115.389 (a)</b><br/> <b>What was read, as part of a systematic review of evidence:</b><br/> Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated:<br/> The agency ensures that incident-based and aggregate data are securely retained.</p> <p><b>What was heard, as part of a systematic review of evidence:</b><br/> Interview with PREA coordinator:<br/> 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 would ensure that data collected is securely maintained. The agency takes corrective action on an ongoing basis based on this data.</p> <p><b>Finding:</b><br/> <b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |

**Reasoning and analysis (by provision):**

**115.389 (b)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Website review:

The auditor reviewed the Tennessee Valley Juvenile Detention Center website at <http://www.elyjenndetention.com/PREA.html> and observed published annual reports for 2017 through 2024.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.389 (c)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Review of publicly available sexual abuse data:

The auditor observed published annual reports for 2017 through 2024 and observed the reports do not include personal identifying information.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

**Reasoning and analysis (by provision):**

**115.389 (d)**

**What was read, as part of a systematic review of evidence:**

Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire indicated: 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.

Tennessee Valley Juvenile Detention Center PREA Policy and Procedures 13.8.1 (page 19):

All case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the TVJDC record retention schedule.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this**

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|  | <b>provision and corrective action is not required.</b> |
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| <b>115.401</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Interviews</li> <li>• Research</li> <li>• Policy Review</li> <li>• Document Review</li> <li>• Observations during onsite review of facility</li> </ul> <p><b>Reasoning and analysis:</b></p> <p>During the three-year period starting on August 20, 2013, and the current audit cycle, Tennessee Valley Juvenile Detention Center was previously audited in 2016, 2019, 2022.</p> <p>The auditor was given access to, and the ability to observe, all areas of Tennessee Valley Juvenile Detention Center. 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><b>Finding:</b></p> <p><b>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</b></p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>                                                                                                                                                                                       |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                     |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                |
|                | <p><b>Evidence relied upon in making the compliance determinations:</b></p> <ul style="list-style-type: none"> <li>• Tennessee Valley Juvenile Detention Center Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> |

- Policy Review
- Documentation Review

**Reasoning and analysis (by provision):**

**115.403 (f):**

**What was observed as part of a systematic review of evidence:**

The auditor observed the 2016, 2019, and 2022 Tennessee Valley Juvenile Detention Center PREA Audit Reports are published on the agency's website at <http://www.elyj-enndetention.com/PREA.html>.

**Finding:**

**Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.**

| <b>Appendix: Provision Findings</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
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| <b>115.311 (a)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                                     | 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 |
| <b>115.311 (b)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                                     | 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 |
| <b>115.311 (c)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                                     | 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  |
| <b>115.312 (a)</b>                  | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                                                                             |     |
|                                     | 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  |
| <b>115.312 (b)</b>                  | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                                                                             |     |

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|                        | 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  |
| <b>115.313<br/>(a)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                                                                                               |     |
|                        | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?                                                                                                                                       | yes |
|                        | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?                                                                                                                                     | yes |
|                        | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?                                                                                                                                      | yes |
|                        | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?                                                                  | yes |
|                        | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?                                                            | yes |
|                        | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?                                                                                                            | yes |
|                        | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?                                                                                 | yes |
|                        | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate                                                                                                                                                                                                                | yes |

|                    |                                                                                                                                                                                                                                                                                                                              |     |
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|                    | staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?                                                                                                                                                                                        |     |
|                    | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
|                    | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?                                                                                  | yes |
|                    | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?                                                                               | yes |
|                    | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?                                                                        | yes |
|                    | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?                                                               | yes |
|                    | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?                                                                                                  | yes |
| <b>115.313 (b)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                                                                            |     |
|                    | 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  |
| <b>115.313 (c)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                                                                            |     |
|                    | 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 |

|                    |                                                                                                                                                                                                                                                                 |     |
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|                    | 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 |
| <b>115.313 (d)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                               |     |
|                    | 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 |
| <b>115.313 (e)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                               |     |
|                    | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )            | yes |
|                    | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )                                                                                                                                                | yes |
|                    | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational                                                              | yes |

|                    |                                                                                                                                                                                                                                                                                                                                         |     |
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|                    | functions of the facility? (N/A for non-secure facilities )                                                                                                                                                                                                                                                                             |     |
| <b>115.315 (a)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.315 (b)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                                      |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?                                                                                                                                                                                                                           | yes |
| <b>115.315 (c)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.315 (d)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.315 (e)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                                      |     |
|                    | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?                                                                                                                                                            | yes |
|                    | If a resident's genital status is unknown, does the facility                                                                                                                                                                                                                                                                            | yes |

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

|                    |                                                                                                                                                                                                                                                                                                                                         |     |
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|                    | Residents who have speech disabilities?                                                                                                                                                                                                                                                                                                 |     |
|                    | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
|                    | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?                                                                                                                                                                                                                 | yes |
|                    | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?                                                                                                                      | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?                                                                                                                  | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?                                                                                                                     | yes |
|                    | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?                                                                                                                | yes |
| <b>115.316 (b)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                     |     |
|                    | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?                                                                                                         | yes |
|                    | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?                                                                                                                                                | yes |
| <b>115.316 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                     |     |
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's                                                                             | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                      |     |
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|                    | safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?                                                                                                                                                                                                                                 |     |
| <b>115.317 (a)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                    | 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 |
| <b>115.317 (b)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                    | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?                                                                                                                                                      | yes |
| <b>115.317</b>     | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |

|                    |                                                                                                                                                                                                                                                                                                                                                      |     |
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| <b>(c)</b>         |                                                                                                                                                                                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.317 (d)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                    | 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 |
| <b>115.317 (e)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                    | 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 |
| <b>115.317 (f)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                |     |
|                    | 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                                                                                             | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
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|                    | employees?                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?                                                                                                                                                                                                                                                                                                                                                                                  | yes |
| <b>115.317 (g)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?                                                                                                                                                                                                                                                                                                                                     | yes |
| <b>115.317 (h)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                    | 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 |
| <b>115.318 (a)</b> | <b>Upgrades to facilities and technologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
|                    | 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  |
| <b>115.318 (b)</b> | <b>Upgrades to facilities and technologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)           | yes |
| <b>115.321 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |     |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
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|                    | 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 |
| <b>115.321 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                    | 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 |
| <b>115.321 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                    | 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 |
| <b>115.321 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?                                                                                                                                                                                                                                                                                                                                                                                        | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
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|                    | 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 |
| <b>115.321 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                             |     |
|                    | 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 |
| <b>115.321 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                             |     |
|                    | 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 responsible for investigating allegations of sexual abuse.)                                                                                                                                 | yes |
| <b>115.321 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                             |     |
|                    | 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 |
| <b>115.322 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                                                                                                                                                                  |     |
|                    | 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 |

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| <b>115.322<br/>(b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                 |     |
|                        | 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 |
| <b>115.322<br/>(c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                 |     |
|                        | 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 |
| <b>115.331<br/>(a)</b> | <b>Employee training</b>                                                                                                                                                                                                                                                              |     |
|                        | 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 |

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|                    | 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 |
| <b>115.331 (b)</b> | <b>Employee training</b>                                                                                                                                                                                                                          |     |
|                    | 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 |
| <b>115.331 (c)</b> | <b>Employee training</b>                                                                                                                                                                                                                          |     |
|                    | 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 |

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| <b>115.331<br/>(d)</b> | <b>Employee training</b>                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?                                                                                                                                                                                                                                       | yes |
| <b>115.332<br/>(a)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                          |     |
|                        | 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 |
| <b>115.332<br/>(b)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.332<br/>(c)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?                                                                                                                                                                                                                                                     | yes |
| <b>115.333<br/>(a)</b> | <b>Resident education</b>                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | 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 |
| <b>115.333<br/>(b)</b> | <b>Resident education</b>                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | Within 10 days of intake, does the agency provide age-appropriate                                                                                                                                                                                                                                                                                                                 | yes |

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|                    | comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?                                                                         |     |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
|                    | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?       | yes |
| <b>115.333 (c)</b> | <b>Resident education</b>                                                                                                                                                                                                  |     |
|                    | 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 |
| <b>115.333 (d)</b> | <b>Resident education</b>                                                                                                                                                                                                  |     |
|                    | 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 |
| <b>115.333 (e)</b> | <b>Resident education</b>                                                                                                                                                                                                  |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?                                                                                                                              | yes |
| <b>115.333 (f)</b> | <b>Resident education</b>                                                                                                                                                                                                  |     |

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|                    | 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 |
| <b>115.334 (a)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                         |     |
|                    | 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 |
| <b>115.334 (b)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                         |     |
|                    | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)                                                                                                                                                                                         | yes |
|                    | 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 |
| <b>115.334 (c)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                         |     |
|                    | 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 |

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

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| <b>115.335<br/>(d)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                 |     |
|                        | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                                                 | yes |
|                        | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| <b>115.341<br/>(a)</b> | <b>Obtaining information from residents</b>                                                                                                                                                                                                                                                                                 |     |
|                        | 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 |
| <b>115.341<br/>(b)</b> | <b>Obtaining information from residents</b>                                                                                                                                                                                                                                                                                 |     |
|                        | Are all PREA screening assessments conducted using an objective screening instrument?                                                                                                                                                                                                                                       | yes |
| <b>115.341<br/>(c)</b> | <b>Obtaining information from residents</b>                                                                                                                                                                                                                                                                                 |     |
|                        | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?                                                                                                                                                                   | yes |
|                        | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?                   | yes |
|                        | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?                                                                                                                                                                         | yes |
|                        | During these PREA screening assessments, at a minimum, does                                                                                                                                                                                                                                                                 | yes |

|                    |                                                                                                                                                                                                                                                                                                         |     |
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|                    | the agency attempt to ascertain information about: Age?                                                                                                                                                                                                                                                 |     |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?                                                                                                                                            | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?                                                                                                                                                               | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?                                                                                                                                                   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?                                                                                                                                              | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?                                                                                                                                                                   | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?                                                                                                                                          | yes |
|                    | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |
| <b>115.341 (d)</b> | <b>Obtaining information from residents</b>                                                                                                                                                                                                                                                             |     |
|                    | 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 |
| <b>115.341 (e)</b> | <b>Obtaining information from residents</b>                                                                                                                                                                                                                                                             |     |
|                    | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked                                                                                                                                                                                | yes |

|                    |                                                                                                                                                                                                                                       |     |
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|                    | pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?                                                                                     |     |
| <b>115.342 (a)</b> | <b>Placement of residents</b>                                                                                                                                                                                                         |     |
|                    | 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 |
| <b>115.342 (b)</b> | <b>Placement of residents</b>                                                                                                                                                                                                         |     |
|                    | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
|                    | 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 |

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

|                    |                                                                                                                                                                                                                                                                                                |     |
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|                    | making facility and housing placement decisions and programming assignments?                                                                                                                                                                                                                   |     |
| <b>115.342 (g)</b> | <b>Placement of residents</b>                                                                                                                                                                                                                                                                  |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?                                                                                                                                                                                        | yes |
| <b>115.342 (h)</b> | <b>Placement of residents</b>                                                                                                                                                                                                                                                                  |     |
|                    | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)                                                                  | yes |
|                    | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)                                                               | yes |
| <b>115.342 (i)</b> | <b>Placement of residents</b>                                                                                                                                                                                                                                                                  |     |
|                    | 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 |
| <b>115.351 (a)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.351 (b)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                      |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private                                                                                                                                                                 | yes |

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|                        | entity or office that is not part of the agency?                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                        | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?                                                                                                                                                                                                                                                                                                                                 | yes |
|                        | Does that private entity or office allow the resident to remain anonymous upon request?                                                                                                                                                                                                                                                                                                                                                                                              | yes |
|                        | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?                                                                                                                                                                                                                                                  | yes |
| <b>115.351<br/>(c)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | 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 |
| <b>115.351<br/>(d)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the facility provide residents with access to tools necessary to make a written report?                                                                                                                                                                                                                                                                                                                                                                                         | yes |
| <b>115.351<br/>(e)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?                                                                                                                                                                                                                                                                                                                                                                      | yes |
| <b>115.352<br/>(a)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | Is the agency exempt from this standard?<br>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 |
| <b>115.352<br/>(b)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |

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|                    | 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 |
| <b>115.352 (c)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                   |     |
|                    | 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 |
| <b>115.352 (d)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                   |     |
|                    | 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 |
| <b>115.352 (e)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                   |     |

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|                        | 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 |
| <b>115.352<br/>(f)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
|                        | 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 |

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|                    | 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 |
| <b>115.352 (g)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.353 (a)</b> | <b>Resident access to outside confidential support services and legal representation</b>                                                                                                                                                                                                                                                                          |     |
|                    | 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 |
| <b>115.353 (b)</b> | <b>Resident access to outside confidential support services and legal representation</b>                                                                                                                                                                                                                                                                          |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and                                                                                                                                                                                                                                 | yes |

|                    |                                                                                                                                                                                                                                                                               |     |
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|                    | the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?                                                                                                                                                            |     |
| <b>115.353 (c)</b> | <b>Resident access to outside confidential support services and legal representation</b>                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.353 (d)</b> | <b>Resident access to outside confidential support services and legal representation</b>                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.354 (a)</b> | <b>Third-party reporting</b>                                                                                                                                                                                                                                                  |     |
|                    | 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 |
| <b>115.361 (a)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                      |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?                  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or                                                                                                                                                           | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                               |     |
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|                    | 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?                                                                                                                                                                           |     |
| <b>115.361 (b)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                                                                      |     |
|                    | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?                                                                                                                                                                                                                                                         | yes |
| <b>115.361 (c)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.361 (d)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                                                                      |     |
|                    | 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 |
| <b>115.361 (e)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                                                                      |     |
|                    | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?                                                                                                                                                                                                        | yes |
|                    | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?                                                                  | yes |
|                    | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of                                                                                                                                                       | yes |

|                        |                                                                                                                                                                                                                                                                       |     |
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|                        | the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)                                                                                                                                                |     |
|                        | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?                        | yes |
| <b>115.361<br/>(f)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                              |     |
|                        | 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 |
| <b>115.362<br/>(a)</b> | <b>Agency protection duties</b>                                                                                                                                                                                                                                       |     |
|                        | 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 |
| <b>115.363<br/>(a)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | 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 |
| <b>115.363<br/>(b)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?                                                                                                                                                         | yes |
| <b>115.363<br/>(c)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Does the agency document that it has provided such notification?                                                                                                                                                                                                      | yes |
| <b>115.363<br/>(d)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in                                                                                                                                                 | yes |

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
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|                        | accordance with these standards?                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| <b>115.364<br/>(a)</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | 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 |
| <b>115.364<br/>(b)</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?                                                                                                                                                                                                                                                         | yes |
| <b>115.365<br/>(a)</b> | <b>Coordinated response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                        | 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 |
| <b>115.366<br/>(a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                |     |

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|                    | 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 |
| <b>115.367 (a)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | 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 |
| <b>115.367 (b)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?                                                                              | yes |
| <b>115.367 (c)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?                                                                                               | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?                                                                                      | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report                                                                                                                                                                                                                                                                                                                | yes |

|                    |                                                                                                                                                                                                                       |     |
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|                    | of sexual abuse, does the agency: Act promptly to remedy any such retaliation?                                                                                                                                        |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?     | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?              | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?              | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?                | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?                                                                                                        | yes |
| <b>115.367 (d)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                          |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?                                                                                                                                   | yes |
| <b>115.367 (e)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                          |     |
|                    | 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 |
| <b>115.368 (a)</b> | <b>Post-allegation protective custody</b>                                                                                                                                                                             |     |
|                    | 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 |

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| <b>115.371<br/>(a)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                               |     |
|                        | 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 |
| <b>115.371<br/>(b)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                               |     |
|                        | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?                                                                                                              | yes |
| <b>115.371<br/>(c)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                               |     |
|                        | 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 |
| <b>115.371<br/>(d)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                               |     |
|                        | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?                                                                                                                                                                   | yes |
| <b>115.371<br/>(e)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                               |     |
|                        | 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 |
| <b>115.371</b>         | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                               |     |

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| <b>(f)</b>             |                                                                                                                                                                                                                                                                                           |     |
|                        | 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 |
| <b>115.371<br/>(g)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                  |     |
|                        | 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 |
| <b>115.371<br/>(h)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                  |     |
|                        | 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 |
| <b>115.371<br/>(i)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                  |     |
|                        | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?                                                                                                                                                                                        | yes |
| <b>115.371<br/>(j)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                  |     |
|                        | 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 |
| <b>115.371<br/>(k)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                  |     |
|                        | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency                                                                                                                                                         | yes |

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|                        | does not provide a basis for terminating an investigation?                                                                                                                                                                                                                                                                                                  |     |
| <b>115.371<br/>(m)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                                                                    |     |
|                        | 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 |
| <b>115.372<br/>(a)</b> | <b>Evidentiary standard for administrative investigations</b>                                                                                                                                                                                                                                                                                               |     |
|                        | 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 |
| <b>115.373<br/>(a)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                               |     |
|                        | 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 |
| <b>115.373<br/>(b)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                               |     |
|                        | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)                  | yes |
| <b>115.373<br/>(c)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                               |     |
|                        | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
|                        | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency                                                                                                                                                                                                                                    | yes |

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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|                        | has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?                                                                                                                                                                                      |     |
|                        | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                        | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.373<br/>(d)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                        | 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 |
| <b>115.373<br/>(e)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                        | Does the agency document all such notifications or attempted notifications?                                                                                                                                                                                                                                                                                                                                    | yes |
| <b>115.376<br/>(a)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                                                                        |     |
|                        | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?                                                                                                                                                                                                                                                                   | yes |

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| <b>115.376<br/>(b)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                        | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?                                                                                                                                                                                                                                                                  | yes |
| <b>115.376<br/>(c)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                        | 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 |
| <b>115.376<br/>(d)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                        | 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 |
| <b>115.377<br/>(a)</b> | <b>Corrective action for contractors and volunteers</b>                                                                                                                                                                                                                                                                                                           |     |
|                        | 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 |
| <b>115.377<br/>(b)</b> | <b>Corrective action for contractors and volunteers</b>                                                                                                                                                                                                                                                                                                           |     |
|                        | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?                                                                                                                      | yes |

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| <b>115.378<br/>(a)</b> | <b>Interventions and disciplinary sanctions for residents</b>                                                                                                                                                                                                                        |     |
|                        | 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 |
| <b>115.378<br/>(b)</b> | <b>Interventions and disciplinary sanctions for residents</b>                                                                                                                                                                                                                        |     |
|                        | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?                                                  | yes |
|                        | 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 |
| <b>115.378<br/>(c)</b> | <b>Interventions and disciplinary sanctions for residents</b>                                                                                                                                                                                                                        |     |
|                        | 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 |
| <b>115.378<br/>(d)</b> | <b>Interventions and disciplinary sanctions for residents</b>                                                                                                                                                                                                                        |     |
|                        | 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 |

|                    |                                                                                                                                                                                                                                                                                                                                         |     |
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|                    | 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 |
| <b>115.378 (e)</b> | <b>Interventions and disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                           |     |
|                    | 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 |
| <b>115.378 (f)</b> | <b>Interventions and disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                           |     |
|                    | 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 |
| <b>115.378 (g)</b> | <b>Interventions and disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                           |     |
|                    | 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 |
| <b>115.381 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                    |     |
|                    | 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 |
| <b>115.381 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                    |     |
|                    | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?               | yes |
| <b>115.381 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                    |     |

|                    |                                                                                                                                                                                                                                                                                                                                                                                               |     |
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|                    | 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 |
| <b>115.381 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                                                                          |     |
|                    | 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 |
| <b>115.382 (a)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                                                                                                 |     |
|                    | 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 |
| <b>115.382 (b)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                                                                                                 |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?                                                                                                                                                                         | yes |
|                    | Do staff first responders immediately notify the appropriate medical and mental health practitioners?                                                                                                                                                                                                                                                                                         | yes |
| <b>115.382 (c)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                                                                                                 |     |
|                    | 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 |
| <b>115.382 (d)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                                                                                                 |     |
|                    | Are treatment services provided to the victim without financial                                                                                                                                                                                                                                                                                                                               | yes |

|                    |                                                                                                                                                                                                                                                                  |     |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?                                                                                                                                     |     |
| <b>115.383 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                    | 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 |
| <b>115.383 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| <b>115.383 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?                                                                                                                                      | yes |
| <b>115.383 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)                                                                                                                             | yes |
| <b>115.383 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                    | 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 |
| <b>115.383 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?                                                                                                                              | yes |
| <b>115.383 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                               |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or                                                                                                                                    | yes |

|                    |                                                                                                                                                                                                                                                                               |     |
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|                    | cooperates with any investigation arising out of the incident?                                                                                                                                                                                                                |     |
| <b>115.383 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                            |     |
|                    | 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 |
| <b>115.386 (a)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                    | 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 |
| <b>115.386 (b)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?                                                                                                                                                                                      | yes |
| <b>115.386 (c)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?                                                                                                                   | yes |
| <b>115.386 (d)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                    | 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 |

|                    |                                                                                                                                                                                                                                                                            |     |
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|                    | 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 |
| <b>115.386 (e)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                       |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?                                                                                                                                                                 | yes |
| <b>115.387 (a)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                     |     |
|                    | 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 |
| <b>115.387 (b)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                     |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually?                                                                                                                                                                                          | yes |
| <b>115.387 (c)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                     |     |
|                    | 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 |
| <b>115.387 (d)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                     |     |
|                    | 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 |
| <b>115.387 (e)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                     |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for                                                                              | na  |

|                        |                                                                                                                                                                                                                                                                                                                                                             |     |
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|                        | the confinement of its residents.)                                                                                                                                                                                                                                                                                                                          |     |
| <b>115.387<br/>(f)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                                                                                                      |     |
|                        | 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 |
| <b>115.388<br/>(a)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | 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 |
| <b>115.388<br/>(b)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?                                                                                                                                           | yes |
| <b>115.388<br/>(c)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | 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 |
| <b>115.388<br/>(d)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when                                                                                                                                                                                                                                       | yes |

|                    |                                                                                                                                                                                                                                                                                                                                         |     |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | publication would present a clear and specific threat to the safety and security of a facility?                                                                                                                                                                                                                                         |     |
| <b>115.389 (a)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                       |     |
|                    | Does the agency ensure that data collected pursuant to § 115.387 are securely retained?                                                                                                                                                                                                                                                 | yes |
| <b>115.389 (b)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                       |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?                                                                 | yes |
| <b>115.389 (c)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                       |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?                                                                                                                                                                                                                          | yes |
| <b>115.389 (d)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                       |     |
|                    | 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 |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                    |     |
|                    | 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 |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                    |     |
|                    | 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.) | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | 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.)                                                                                                                                                                                            | na  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?                                                                                                                                                                                                                                                                                                                                                                                                                                          | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?                                                                                                                                                                                                                                                                                                                                                                                                        | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?                                                                                                                                                                                                                                                                                                                                                                                                                                         | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                    | 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 |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                    | 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 |