

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

Interim       Final

Date of Report    August 16, 2019

## Auditor Information

Name: Sharon G. Robertson      Email: sharon@preaauditing.com

Company Name: PREA Auditors of America, LLC

Mailing Address: P.O. Box 10      City, State, Zip: Linville Falls, NC 28647

Telephone: (828) 765-8180      Date of Facility Visit: July 22-23, 2019

## Agency Information

Name of Agency      Governing Authority or Parent Agency (If Applicable)

Upper East Tennessee Regional Juvenile  
Detention Center      ElyJenn of NE Tennessee

Physical Address: 307 Wesley Street      City, State, Zip: Johnson City, TN 37601

Mailing Address: 307 Wesley Street      City, State, Zip: Johnson City, TN 37601

Telephone: (423) 282-2118      Is Agency accredited by any organization?  Yes     No

The Agency Is:       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

### Agency mission:

The primary purpose, then of the Upper East Tennessee Regional Juvenile Detention Center is to provide an alternative for those children who must be securely detained, in accordance with the guidelines as enumerated in the Tennessee Code Annotated. It is for the direct benefit of the children themselves that such a program should be created and maintained.

Agency Website with PREA Information: <http://www.elyjenn detention.com/PREA.html>

## Agency Chief Executive Officer

Name: Tobey Robertson      Title: CEO

Email: trobertson@tvjdc.com      Telephone: (256) 381-3520

## Agency-Wide PREA Coordinator

Name: Breck Bishop      Title: PREA Coordinator

Email: brbregionaljuvdet@gmail.com      Telephone: (423) 282-2118

PREA Coordinator Reports to:  
Karen McCrary      Number of Compliance Managers who report to the PREA Coordinator  
1

## Facility Information

**Name of Facility:** UPPER EAST TENNESSEE REGIONAL JUVENILE DETENTION CENTER

**Physical Address:** 307 Wesley Street, Johnson City, TN 37601

**Mailing Address (if different than above):** same as above

**Telephone Number:** (423) 282-2118

**The Facility Is:**  Military  Private for Profit  Private not for Profit

Municipal  County  State  Federal

**Facility Type:**  Detention  Correction  Intake  Other

**Facility Mission:** Hold juvenile offenders accountable for their behavior. Promote the safety and restoration of victims and communities. Assist offenders and their families in developing skills to prevent crime.

**Facility Website with PREA Information:** <http://www.elyjenndetention.com/PREA.html>

**Is this facility accredited by any other organization?**  Yes  No

### Facility Administrator/Superintendent

**Name:** Karen McCrary **Title:** Administrator

**Email:** regionaljuvdet@gmail.com **Telephone:** (423) 282-2118

### Facility PREA Compliance Manager

**Name:** Brandi Phillips **Title:** PREA Manager

**Email:** brbregionaljuvdet@gmail.com **Telephone:** (423) 282-2118

### Facility Health Service Administrator

**Name:** NA – Medical & Mental Health provided off-site

**Title:**

**Email:**

**Telephone:**

### Facility Characteristics

**Designated Facility Capacity:** 10 Co-Ed **Current Population of Facility:** 3 (2 males; 1 female) at 0800 hrs 7/22/2019

**Number of residents admitted to facility during the past 12 months** 494

**Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:** 43

**Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** 151

**Number of residents on date of audit who were admitted to facility prior to August 20, 2012:** 0

**Age Range of Population:** 7 – 18 years old

|  |  |
|--|--|
| <b>Average length of stay or time under supervision:</b>   | 3  |
| <b>Facility Security Level:</b>  | Close  |
| <b>Resident Custody Levels:</b>  | Close  |
| <b>Number of staff currently employed by the facility who may have contact with residents:</b>   | 18   |
| <b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>  | 4  |
| <b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>  | 1  |
| <b>Physical Plant</b>  |  |
| <b>Number of Buildings: 1</b>  | <b>Number of Single Cell Housing Units: 10</b> |
| <b>Number of Multiple Occupancy Cell Housing Units:</b>  | 0  |
| <b>Number of Open Bay/Dorm Housing Units:</b>  | 2  |
| <b>Number of Segregation Cells (Administrative and Disciplinary):</b>  | 0  |
| <b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>  |  |
| <p>The facility has a video monitoring system, which includes 27 HD cameras that are recordable that monitors, with 20 interior cameras and 7 exterior cameras, of the secured detention facility that provide coverage in blind spots to the maximum extent possible. The video system is actively monitored by staff, except in exigent circumstances.</p> |  |
| <b>Medical</b>   |  |
| <b>Type of Medical Facility:</b>   | Medical Services provided at outside hospital  |
| <b>Forensic sexual assault medical exams are conducted at:</b>   | Johnson City Medical Center, Johnson City, TN  |
| <b>Other</b>   |  |
| <b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>   | 3  |
| <b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>  | 4  |

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Upper East Tennessee Regional Juvenile Detention Center (“UETRJDC”) located in Johnson City, TN, was conducted on July 22-23, 2019 by Sharon G. Robertson from Linville Falls, North Carolina, a U.S. Department of Justice (“DOJ”) Certified PREA Auditor for Juvenile Facilities, working as a contractor for PREA Auditors of America, LLC. This is UETRJDC’s second PREA audit since the implementation of the PREA standards on August 20, 2013. UETRJDC’s first PREA audit was conducted in August 2016. Audit Notices were posted throughout the facility in all areas where residents, staff, volunteers, contractors, and visitors to the facility could be viewed by May 24, 2019, more than eight weeks prior to the on-site audit review and photographic evidence was submitted to the Auditor demonstrating the timely posting of the Notices. The facility was requested and agreed to keep all Notices posted for four weeks after the on-site audit review. Posted Audit Notices were observed by the Auditor throughout the facility during the on-site audit. As of the date of this report, the Auditor has not received any correspondence at the PREA Auditors of America Post Office box.

UETRJDC staff was requested to complete the *Pre-Audit Questionnaire* and it was provided to the Auditor, along with supporting documents in the weeks preceding the on-site review portion of the audit. The facility provided one update to their initial response to the *Pre-Audit Questionnaire*. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included UETRJDC agency policies, including UETRJDC PREA Policy and Procedures, hereinafter referred to in the audit report as “UETRJDC P&P (relevant subsection)”, other UETRJDC policies and procedures, forms, contracts, education materials, training certification, organizational charts, posters, brochures, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The review prompted a series of questions that were reduced in writing and submitted to the PREA Coordinator and UETRJDC PREA Coordinator in the form of one *Deficiencies List* to which responses were requested, and answered by the PREA Coordinator in the week before the on-site portion of the audit. The same was reviewed by the Auditor prior to the on-site review. Days prior to the on-site audit the Auditor was provided a roster of staff and residents. On the first day of the on-site audit, the Auditor provided UETRJDC staff the names of the random staff and residents selected by the Auditor for interview during the on-site review.

On the morning of July 22, 2019, the Auditor conducted an entrance conference with the UETRJDC PREA Coordinator and the facility Administrator. The discussion focused on the purpose of the PREA audit, an overview of the PREA process, identification of specialized staff, and the audit schedule.

Following the entrance meeting, the Auditor toured the physical plant escorted by the Administrator. UETRJDC consists of one building. The tour started in the administrative area; kitchen and staff lounge and laundry area; foyer hallway; conference room in foyer hallway; entry and foyer area; intake area and intake shower; day room area with TV, library, separate restroom for boys and girls, and emergency overflow room for female; outdoor basketball court; control room; female hallway with single cells, education classroom and storage area, and access to fenced outdoor area; and male hallway with access to an outdoor fenced area. The Auditor also toured the outside perimeter and Sally Port areas. During the tour of the physical building, the Auditor spoke informally with staff and residents and paid particular attention to the video monitoring capabilities; mirror locations; posted Audit Notices; location of PREA posters and other PREA information; location of the grievance box and the telephone for residents in the dayroom; and bathroom and shower facilities. The Auditor also reviewed the Center Duty Officer Log Book, from July 17 through August 29, 2018, November 2 through December 1, 2018, and February 7 through April 22, 2019. After the tour of the physical building the Auditor began interviewing random staff from all three shifts and specialized staff, interviewed random residents, and conducted file review for the remainder of the day and continued on throughout the second day on July 23, 2019.

On the first day of the on-site audit on July 22, 2019 at 0800 hours, there were 3 residents (2 males and 1 female) housed in the co-ed UETRJDC Detention Center. Three more male residents were admitted during the later afternoon and early morning during the on-site audit. The Auditor interviewed the three residents who were housed in the Detention Center on

the morning of July 22, 2019. Residents were interviewed using the recommended DOJ protocols that question their general and specific knowledge of a variety of PREA protections and reporting mechanisms available to residents to report abuse or harassment. On the dates of the on-site audit, there were no residents being housed with physical disabilities; who were deaf, blind or hard of hearing; who have Limited English Proficiency; who identified as having cognitive disability; who have identified as LGBTQQI; or had reported sexual abuse to staff. UETRJDC does not utilize isolation and there were no residents housed in isolation or who had previously been housed in isolation at the time of the on-site audit. The Auditor reviewed the resident PREA education materials and methods of reporting while on-site. The PREA video is shown upon admission at UETRJDC, and was viewed by the Auditor in its entirety.

A total of 11 of the 18 facility staff were interviewed during the on-site audit. This includes 10 random staff members from the First Shift (7:00AM-3:00PM), Second Shift (3:00PM-11:00PM), and Third Shift (11:00PM-7:00AM); and specialty staff including facility Administrator, PREA Coordinator, PREA Compliance Manager, human resources and agency contractor, staff who conduct intake and risk screening, intermediate and higher level staff, first responders, staff who supervise residents in isolation, members of the sexual assault incident review team, staff non-medical and cross-gender strip searches, and staff who monitors retaliation. One contractor was interviewed by the Auditor. At the time of the audit, the facility has only one volunteer and the Auditor was unable to interview this person despite numerous attempts by the Auditor to contact this person. There were no medical or mental health employed as staff as the agency/facility uses Johnson City Medical Center and clinic for all medical and mental health services. All staff, contractor and volunteer were interviewed using the DOJ protocols that provides information regarding their PREA training, overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to staff and residents, the facility's response protocols when a resident alleges abuse, first responder duties, data collection processes, and other pertinent PREA requirements. On August 8, 2019, the Auditor interviewed by telephone the CEO of ElyJenn of NE Tennessee ("ElyJenn"), a Detective from the Johnson City Police Department, a representative of the Children's Advocacy Center in Johnson City, a representative of the Frontier Health Child Advocacy, and a SAFE/SANE Nurse in the Emergency Department at the Johnson City Medical Center.

The Auditor reviewed 2 contractor and 2 volunteer files containing their training records and background checks. The Auditor reviewed and discussed 18 staff personnel files to determine compliance with training mandates and five random staff files for background check procedures to determine compliance with training mandates and background check procedures. The files for six residents currently being held in the facility as of the second day of the on-site audit were reviewed by the Auditor during the on-site audit to evaluate the screening and intake procedure, resident education, and other general program areas.

The Auditor was provided a private conference room in the administration area of the Detention Center from which to work and review staff personnel files. Confidential staff and resident interviews were conducted in the conference room. Resident files, which also include the resident's medical intake information, were reviewed privately in the control room by the Auditor.

The ElyJenn's website <http://www.elyjenn-detention.com/PREA.html> provides an email address and address for filing PREA reports. The Auditor sent an email to the ElyJenn PREA email address and received written acknowledgement that they accept reports of sexual abuse and sexual harassment, including anonymous and third party reports, and would initiate the PREA policy reporting procedures at the facility where the incident occurred with the Administrator to begin the PREA response checklist and contacting law enforcement.

The Auditor spoke by telephone with a representative for Frontier Health Sexual Assault Program ("Frontier Health") and Children's Advocacy Center, both located in Johnson City, TN, to discuss and confirm the memorandum of understanding in place with UETRJDC to provide residents with rape crisis advocacy, support and crisis intervention services; be present during the medical forensic exam and investigative interviews; answer questions about the medical forensic exam and investigation; and provide follow-up rape crisis/sexual assault services, including resources, referrals and information on healing from sexual abuse and the investigative process. The Auditor spoke by telephone with a Nurse in the Emergency room at Johnson City Medical Center in Johnson City who confirmed that SANE/SAFE Nurse/Doctor are available 24/7 and have been trained

to conduct forensic medical examination of residents as outlined by the Standards. The Auditor spoke by telephone with a Detective of the Johnson City Police Department to confirm their training for sexual assault investigations and their utilization of protocols as outlined by the Standards.

The Auditor was greeted and treated with hospitality and professionalism by all staff during the on-site visit. Residents and staff were made readily available to the Auditor at all times for formal and informal interviews. The Auditor was provided with unimpeded access to all parts of the facility and access to all records during the on-site review.

The Auditor conducted an exit conference with UETRJDC PREA Coordinator and the facility Administrator. The Auditor thanked the staff for their cooperation and openness during the pre-audit process and on-site review. Administration and leadership were very open and receptive during the discussion of the few areas where PREA compliance needed to be strengthened.

## Facility Characteristics

ElyJenn of NE Tennessee operates the Upper East Tennessee Regional Juvenile Detention Center, a 10-bed youth facility located at 307 Wesley Street in Johnson City, Tennessee. UETRJDC is comprised of a 10-bed co-ed juvenile detention center with a separate male and female hallway. UETRJDC is a private for profit facility which houses juveniles ranging in age from 7 to 18 years old from seven counties in northeast Tennessee. The secure-setting of the facility is maintained 24-hours each day by trained professional staff members, known as Juvenile Detention Officers (“JDO”) who provide safe and secure therapeutic supervision with the average length of stay of 3 days for a resident. UETRJDC has a contracted for the preparation of meals off-site and delivered to the facility.

UETRJDC consists of one building. All doors are locked and controlled by staff. Staff are located in secure control booth located in the dayroom of the housing area day room with direct line-of-sight down the male and female hallway, control of the single resident’s cell door, view of the entire dayroom, and line-of-sight to the intake area and foyer hallway. As of the date of the on-site audit, the facility has a total of 8 full-time staff and 4 part-time staff that have contact with residents. The facility has one contract with one contractor who has contact with residents for limited period of time.

The facility is a co-ed facility with 10 single cells housing residents (7 single cells for males and 3 single cells for females) with each resident having their own toilet, sink, and bed. Residents shower separately in the shower located in each hallway with a placard alerting staff when a resident is showering. Staff members conduct observation rounds every 15 minutes utilizing an “electronic pipe” to document each round. Tennessee Department of Children’s Services (“DCS”) standards mandate that male and female residents are not allowed to be together in the same physical area during recreational, religious, or meal time activities; however, during the four hour educational days, both genders will participate closely supervised by a detention officer as well as the Special Education teacher and will not be allowed to engage in any inappropriate behaviors or conduct. The locked grievance box and PREA box are located near the door #21 in the dayroom area with information about Frontier Health, PREA hotline phone number, and grievance forms. Medical and mental health services are provided offsite at Johnson City Medical Center. In the past 12 months ending June 15, 2019, 494 residents were admitted into the detention center, with 151 residents having a length of stay over 72 hours and 43 residents having a length of stay 10 days or more.

The facility has education classroom, basketball court, and kitchen. Weather permitting, residents are allowed to utilize an outside fenced recreation area. The Administrator’s office and the PREA Coordinator’s office are located at one of the building near the kitchen. The Johnson City Schools provides four hours a day of education to residents during the school calendar year supervised by staff.

The facility has a video monitoring system, which includes 27 HD cameras that are recordable that monitors, with 20 interior cameras and 7 exterior cameras, of the secured detention facility that provide coverage in blind spots to the maximum extent possible. The video system is actively monitored by staff, except in exigent circumstances.

## Summary of Audit Findings

This is UETRJDC's second PREA audit since the implementation of the PREA standards on August 20, 2013. UETRJDC's first PREA audit was conducted in August 2016. There have been no major upgrades to the facility or technology since the last PREA Audit in 2016. The facility reported that 100% of the staff, contractors and volunteers have received training on sexual abuse and sexual harassment prevention, detection and response per agency policy and procedure which was confirmed by the Auditor. Staffing ratios are at least 1:8 security staff during waking hours 1:16 during sleeping hours, with many documented instances of higher staffing ratios. During the past 12 months, the facility reported there have been no deviations from the staffing plan. UETRJDC has received no grievances alleging sexual harassment or sexual abuse, and has not received any grievance since November 15, 2017. There was one sexual abuse investigation reported by UETRJDC in the Pre-Audit Questionnaire in the past 12 months.

The Auditor was personally able to review employee, contractor, and volunteer completed background checks and employment applications of staff, volunteers and contractors for UETRJDC and verified that completed background checks and employment applications were conducted pursuant to UETRJDC policy and PREA Standard 115.317. The Auditor also confirmed that background checks for UETRJDC all staff, volunteers and contractors have been completed and follow-up background checks will be conducted every five years on all employees, contractors, teachers, volunteers, and others who may have contact with juveniles.

Interviews and informal interaction with the residents reflected that they are aware of and understand the PREA protections, the agency's zero-tolerance policy, and ways to make reports. Residents review the (1) DCS Youth Acknowledgement and Notification of Prison Rape Elimination (PREA); (2) UETRJDC Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) Form; (3) *End the Silence, Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Action (PREA)* Pamphlet; (4) UETRJDC *Sexual Harassment Sexual Abuse Prevention* Pamphlet; (5) UETRJDC *PREA Information for New Resident Intake*; (6) shown the UETRJDC PREA video presentation; and (7) provided with a copy of the UETRJDC Resident's Manual. Residents are also provided information on their right to not be sexually abused or harassed and their right to report through a *Help for Abuse Victims* list posted in the dayroom, and are provided contact and information on the agency's website <http://www.elyjennndetention.com/PREA.html>. Residents indicated they were aware of PREA posters located throughout the facility, and were able to articulate to the Auditor what they would do and who they would tell if they were sexually abused. Residents indicated to the Auditor they were safe at UETRJDC. The agency and facility provides the names and contact information for a multiple agencies and advocacy services for residents, staff and third-parties to report sexual abuse and sexual harassment in the resident handbook, information made public to visitors in the foyer area, and on their website <http://www.elyjennndetention.com/PREA.html>.

All staff could articulate the meaning of the agency's zero-tolerance for sexual abuse and sexual harassment. All staff stated they have received initial, detailed PREA training and yearly in-service training. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting, and first responder duties. The agency has developed a detailed Sexual Abuse Response Team Protocol following a reported risk of imminent sexual abuse and suspected or alleged incident of sexual abuse by staff first responder, Administrator and/or PREA Coordinator, SANE/SAFE medical staff; sexual assault advocate (Frontier Health), law enforcement (Johnson City Police Department) and District Attorney. The agency and facility has complied with the data collection and review standards which are posted on the agency's website.

In summary, after reviewing all pertinent information, policies and procedures, documentation, and conducting the on-site audit tour, resident interviews, and staff interviews, the Auditor found that the agency leadership and facility leadership have made PREA compliance a priority and have devoted a significant amount of time and resources to policy development and education of residents. Discussions with agency leadership and facility management reinforced the agency's and facility's commitment to ensuring the safety of residents and staff at UETRJDC against sexual abuse and sexual harassment. There were few, minor areas of compliance noted in this final report that were completed prior to and during the on-site audit.

The final status of standards that were exceeded, met, or not met is detailed below. There are a total of 43 standards, having between 1-10 subsections. To achieve compliance of any given standard, the facility must achieve 100% compliance with each and every subsection within the Standard as set forth in this report. The compliance performance is shown in Final Audit Report issued August 16, 2019.

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## PREA Standards Compliance Overview – Final Audit Report

**Number of Standards Exceeded: 1**

- §115.365

**Number of Standards Met: 42**

- §115.311; §115.312; §115.313; §115.315; §115.316; §115.317; §115.318;
- §115.321; §115.322;
- §115.331; §115.332; §115.333; §115.334; §115.335
- §115.341; §115.342;
- §115.351; §115.352; §115.353; §115.354;
- §115.361; §115.362; §115.363; §115.364; §115.366; §115.367; §115.368;
- §115.371; §115.372; §115.373;
- §115.376; §115.377; §115.378;
- §115.381; §115.382; §115.383;
- §115.386; §115.387; §115.388; §115.389;
- §115.401; §115.403;

**Number of Standards Not Met: 0**

**Total Standards: 43**

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# PREVENTION PLANNING

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

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

### 115.311 (a)

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

### 115.311 (b)

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

### 115.311 (c)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. Upper East Tennessee Regional Juvenile Detention Center ("UETRJDC") Completed Pre-Audit Questionnaire ("PAQ")
2. Agency Organizational Chart and UETRJDC Organizational Chart
3. UETRJDC PREA Policy and Procedures
4. UETRJDC P&P, Subject: Protection from Sexual Abuse and Assault, Zero Tolerance

5. ElyJenn website: <http://www.elyjenn-detention.com/PREA.html>

6. Interviews with the following:

- a. Administrator
- b. PREA Coordinator
- c. PREA Compliance Manager

### Findings (By Subsection):

Subsection (a): Upper East Tennessee Regional Juvenile Detention Center ("UETRJDC") has a comprehensive policy on sexual abuse and sexual harassment contained in PREA Policy and Procedures ("UETRJDC P&P"). The policy clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy details definitions that are compliant with the PREA definitions. The policy further outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; and detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse and harassment. The agency's zero-tolerance policy is also set out in their website.

Subsection (b): The agency has designated Breck Bishop as the PREA Coordinator who reports directly to Karen McCrary, the Administrator. Ms. McCrary reports directly to the ElyJenn CEO Tobey Robertson. Ms. Bishop and Ms. McCrary are part of the upper management team at ElyJenn. During the on-site audit, Ms. Bishop reported to the Auditor that she does have sufficient time and authority to develop, implement and oversee the agency's efforts to comply with the PREA Standards.

Subsection (c): The facility has designated Brandi Phillips as the PREA Compliance Manager, who is also a JDO at UETRJDC. In the PAQ response and during the on-site audit, Ms. Phillips reported to the Auditor that she does have sufficient time to develop, implement and oversee the agency's efforts to comply with PREA.

Compliance with this standard was determined through policy reviews and interviews with specialized staff.

**Corrective Action:** None.

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

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

#### 115.312 (a)

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

#### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. Interviews with the following:
  - a. PREA Coordinator
  - b. Agency Executive Director

**Findings (By Subsection):**

**Subsection (a):** The agency has not entered into any contract for the confinement of residents with private agencies or other entities, including government agencies.

**Subsection (b):** The agency has not entered into any contract for the confinement of residents with private agencies or other entities, including government agencies.

Compliance with this standard was determined through policy reviews and interviews with specialized staff.

**Corrective Action:** None.

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

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

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances?  Yes  No
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances?  Yes  No
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios?  Yes  No
- Does the facility ensure only security staff are included when calculating these ratios?  Yes  No
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

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

#### 115.313 (e)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Supervision and Monitoring
3. UETRJDC Staffing Plan
4. Minutes of the Yearly UETRJDC Staffing Plan, dated September 11, 2018
5. UETRJDC Staffing Schedule from January 2018 through May 30, 2019
6. PREA Monthly Random Check Log from January thru December 2018
7. UETRJDC Observation of Residents Policy
8. UETRJDC Use of the Security Check Pipe Policy
9. UETRJDC Annual Secure Facility Vulnerability Assessment, dated July 5, 2018
10. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator
  - c. PREA Compliance Manager
  - d. Immediate or Higher Level Facility Staff
  - e. Agency Executive Director

**Findings (By Subsection):**

Subsection (a): Pursuant to UETRJDC P&P the facility has developed a Staffing Plan. The Auditor was provided and reviewed the UETRJDC Staffing Plan incorporated in their P&P which briefly discusses all 11 required elements in this standard. The review included consideration of the physical plant, location of blind spots, staffing levels, prevailing staffing patterns, video monitoring to protect residents against abuse, and the allocation of agency and facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The facility reported in the PAQ the average daily number of residents was 4, and the Staffing Plan is predicated for an average daily number of 10 residents. As of 8:00AM on July 22, 2019, the first day of the on-site audit, there were a total of 3 residents, 2 male residents and 1 female resident, in the facility. Three male residents were admitted during the on-site audit. There were 2 staff on First Shift (7:00AM-3:00PM), 2 staff on Second Shift (3:00PM-11:00PM), 2 staff on Third Shift (11:00PM-7:00AM), and 3 staff and the Administrator overlapping the First and Second shift for a total of 10 staff on duty. The facility has a video monitoring system, which includes 27 HD cameras that are recordable that monitors, with 20 interior cameras and 7 exterior cameras, of the secured detention facility that provide coverage in blind spots to the maximum extent possible. The video system is actively monitored by staff, except in exigent circumstances. Video monitoring does not substitute for appropriate supervision of the residents. Interviews with the agency director, the PREA Coordinator, Administrator, and PREA Compliance Manager confirmed compliance with PREA standards, and that safety and security procedures are the primary focus when considering staffing patterns and video monitoring.

Subsection (b): UETRJDC P&P requires the facility to comply with staffing plans, except in exigent circumstances, and shall document, including date, duration and the reason/justification for any deviations in the log book. The facility reported in the PAQ there have been no deviations to the staffing plan for the past 12 months.

Subsection (c): The facility reported on the PAQ they have maintained a minimum staffing ratio of 1:8 during resident waking hours and a minimum staffing ratio of 1:16 during resident sleeping hours, and there have been no deviations to the staffing ratio for the past 12 months. A review of the UETRJDC staffing schedule by the Auditor during the on-site audit from January 2018 through May 30, 2019 confirmed that the facility maintained a higher staffing ratio than required by this standard for waking and sleeping hours.

Subsection (d): UETRJDC P&P requires the staffing plan to be reviewed annually for the four required elements in this standard by the facility Administrator and PREA Coordinator. The Auditor was provided and reviewed the minutes of the annual facility staffing plan review held on September 11, 2018, with the PREA Coordinator and Administrator.

Subsection (e): UETRJDC P&P states that unannounced rounds will be conducted by the Facility Administrator, PREA Compliance manager and/or Classification Officer/Risk Manager will occur monthly in a random and irregular manner for all shifts and be noted in the log book and the PREA Monthly Random Check log. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The Auditor was reviewed the 2018 PREA Monthly Random Check log documenting unannounced rounds were performed once a month during all three shifts once a month by either the facility Administrator or the PREA Coordinator.

Compliance with this standard was determined through policy reviews and interviews with specialized staff.

**Corrective Action:** None.

## Standard 115.315: Limits to cross-gender viewing and searches

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

#### 115.315 (a)

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

#### 115.315 (b)

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

#### 115.315 (c)

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

#### 115.315 (d)

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

showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)

Yes  No  NA

### 115.315 (e)

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

### 115.315 (f)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Limits to Cross-Gender Viewing and Searches
3. UETRJDC Form 115.315 Cross-Gender Searches
4. Interviews with the following:
  - a. Random Staff
  - b. Random Residents

### Findings (By Subsection):

Subsection (a): UETRJDC P&P states staff will not conduct cross-gender pat down searches nor cross-gender strip searches except in exhibit circumstances. The policy also states that body cavity searches of any kind will never be performed at the facility, and will only be conducted by medical professionals. The facility reported in the PAQ they do not conduct cross-gender strip searches or cross-gender visual body cavity searches of residents. In the past 12 months, there has been no cross-gender strip or visual body cavity searches performed by staff or non-medical staff. Staff interviews confirmed that staff does not conduct cross-gender strip searches or visual body cavity searches of residents.



Subsection (b): UETRJDC P&P does not allow for cross-gender pat-down searches except in exigent circumstances only. If a cross-gender pat-down search cannot be avoided, the resident will sign a consent form consenting to the cross-gender search. The facility reported in the PAQ in the past 12 months there has been no cross-gender pat-down searches performed by staff. It appears from staff interviews that staff does not perform cross-gender pat-down searches.

Subsection (c): UETRJDC P&P requires that staff document searches in the unit log as indicated by this policy.

Subsection (d): UETRJDC P&P states that only male staff supervise male residents and female staff supervise female residents, except for the Special Education Instructor, and prohibits staff of the opposite gender from viewing residents when showering, performing bodily functions, and changing clothing. UETRJDC P&P states the presence of a staff member on the residential hallway of the opposite gender shall and will be avoided. The policy further states that when circumstances warrant the entrance of a staff member of the opposite gender on the residential hallways, he/she announce their presence when entering the area. During the on-site audit, the Auditor observed staff of the opposite gender were not present on the residential hallways of the opposite gender, and the Administrator announced the presence of females on the hallway in the male hallway during the on-site tour.

Subsection (e): UETRJDC P&P prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status, and will seek to ascertain the gender by contacting court personnel and/or contacting the resident's legal guardian. As a last resort in exigent circumstances, the facility may seek to determine a resident's gender by way of a physical exam conducted by a medical professional. Staff interviews confirmed that they were aware of the policy prohibiting searches of transgender or intersex residents for the sole purpose of determining their genital status.

Subsection (f): UETRJDC P&P states that all staff will be trained on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The facility reported in the PAQ that 100% of security staff has 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. Staff interviews indicated they have received specialized training on cross-gender pat-down searches and performing pat-down searches of transgender and intersex residents.

Compliance with this standard was determined through policy reviews and interviews with residents and staff.

**Corrective Action:** None.

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

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

#### **115.316 (a)**

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

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

#### 115.316 (b)

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

#### 115.316 (c)

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

## Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Residents with Disabilities and Who Are Limited English Proficient
3. PREA Information for New Resident Intake – English and Spanish
4. Interviews with the following:
  - a. Administrator
  - b. Random Staff
  - c. Staff

### Findings (By Subsection):

Subsection (a): UETRJDC P&P ensures that residents with disabilities and /or limited English proficiency, including those who are deaf or hard of hearing, blind or visually impaired, have an equal opportunity to participate in or benefit from all aspects of the Agency’s PREA protections. The policy states that steps taken to ensure effective communication with residents who are deaf, hard of hearing, or limited English proficient, shall include providing access to interpreters who can interpret effectively, accurately, and impartially, both receptive and expressively, using any necessary specialized vocabulary. The policy ensures that written materials are provided in formats and through methods that ensure effective communication with residents with disabilities, including youths who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The policy provides for a special education instructor to be available to guide residents in their comprehensive PREA education.

Subsection (b): UETRJDC P&P ensures that residents who are limited English proficient (“LEP”) have access to all aspects of the facility’s PREA protections, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptive and expressively, using any necessary specialized vocabulary to ensure the LEP resident is orientated to PREA.

Subsection (c): UETRJDC P&P prohibits the use of resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective-interpreter could compromise the resident’s safety, the performance of first-responder duties, or the investigation of the resident’s allegations. If such an occasion occurs, the facility will document the circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. The facility reported that in the past 12 months there has been no instance where resident interpreters, resident readers, or other types of resident assistants have been used. Interviews with staff members consistently revealed that resident interpreters are never used and staff could articulate why using resident interpreters is not considered a best practice.

Compliance with this standard was determined through policy reviews and interviews with residents and staff.

**Corrective Action:** None.

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

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

#### 115.317 (b)

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

#### 115.317 (c)

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

#### 115.317 (d)

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

#### 115.317 (e)

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

#### 115.317 (f)

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

#### 115.317 (g)

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

#### 115.317 (h)

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

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")

2. UETRJDC P&P Recruitment and Selection, Hiring and Promoting
3. UETRJDC Fingerprinting Policy
4. UETRJDC PREA Employment/Promotion Questionnaire
5. UETRJDC Spreadsheet documenting Background Checks and Renewal dates
6. Interviews with the following:
  - a. PREA Coordinator
  - b. Administrator

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P states UETRJDC shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents with the prohibitions set forth in this standard. This was verified by the Auditor through interview with the Administrator and review of background checks for five random staff confirming background checks have been completed and follow-up background checks will be conducted every five years on all employees, contractors, teachers, volunteers, and others who may have contact with juveniles.

Subsection (b): UETRJDC P&P states UETRJDC will also 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.

Subsection (c): UETRJDC P&P states before hiring new employees, contractors, and volunteers who may have contact with residents, UETRJDC shall: (1) perform a criminal background records check; (2) consult any child abuse registry maintained by the State or locality in which the employee would work; and (3) consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility reported in the PDQ that in the past 12 months 2 persons were hired who had criminal background record checks conducted. The Auditor was provided with a copy of blank PREA Employment/Promotion Questionnaire for applications requiring new hires to disclose sexual harassment or sexual abuse resigned during a pending investigation of alleged sexual abuse or sexual harassment. The Auditor interviewed the Administrator and reviewed background checks in five random staff files, and 2 contractor and volunteer files confirming background checks have been completed and follow-up background checks will be conducted every five years on all employees, contractors, teachers, volunteers, and others who may have contact with juveniles. Background checks are performed utilizing social security number validation, statewide criminal search and widescreen plus national criminal search and health care sanction.

Subsection (d): UETRJDC P&P states before hiring new contractors or volunteers who may have contact with residents, UETRJDC shall perform background records check, consult any child abuse registry, and contact all prior institutional employers for information on allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse or sexual harassment. The Auditor interviewed the Administrator and reviewed background checks confirming background checks have been completed and follow-up background checks will be conducted every five years on all employees, contractors, teachers, volunteers, and others who may have contact with juveniles. The facility reported in the PAQ that in the past 12 months 1 contract for services where criminal background record checks were conducted on staff who might have contact with residents.

Subsection (e): UETRJDC P&P states UETRJDC will make its best effort to conduct criminal background record checks at least every five years of current employees, contractors and volunteers who may have contact with residents. The Auditor was provided with a copy of the UETRJDC spreadsheet documenting initial background checks and renewal dates.

Subsection (f): UETRJDC P&P mandates that all employees and volunteers have a continuing affirmative duty to report any sexual misconduct and material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Subsection (g): UETRJDC P&P states that material omissions or misrepresentations by applicants or current employees, contractors, community partners or volunteers regarding sexual misconduct shall be grounds for termination.  
Subsection (h): UETRJDC P&P states unless prohibited by law, if inappropriate allegations are founded, the former employee will receive a recommendation of no rehire that may be shared with an institutional employer for whom such the former employee has applied to work.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

**Corrective Action:** None.

## Standard 115.318: Upgrades to facilities and technologies

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

#### 115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  Yes  No  NA

#### 115.318 (b)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. Interviews with the following:
  - a. Agency Head
  - b. Administrator
  - c. PREA Coordinator

### Findings (By Subsection):

Subsection (a): The agency reported in the PAQ they have not acquired any new facility or made a substantial expansion or modification to the existing facility.

Subsection (b): The agency reported in the PAQ they have not installed or updated video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Compliance with this standard was determined through review of documentation and interviews with specialized staff.

**Corrective Action:** None.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

##### 115.321 (a)

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

##### 115.321 (b)

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

##### 115.321 (c)

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



- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Evidence Protocol and Forensic Medical Examinations
3. State of Tennessee Department of Children’s Services Administrative Policies and Procedures: 14.25: Special Child Protective Services Investigation, dated August 20, 2015
4. State of Tennessee Treasury Department Provider Declaration, Form TR-0456
5. State of Tennessee Treasury Department Sexual Assault Forensic Examination Payment, Form TR-0423
6. Memorandum of Understanding (MOU) Between Frontier Health Sexual Assault Program, dated July 17, 2018
7. Johnson City Police Department Policy 700.01 on Crisis Response Unit
8. Interviews with the following:
  - a. PREA Coordinator
  - b. Administrator
  - c. PREA Compliance Manager
  - d. Frontier Health in Johnson City, TN
  - e. Children’s Advocacy Center in Johnson City, TN
  - f. The Johnson City Police Department

**Findings (By Subsection):**

Subsection (a): Pursuant to UETRJDC P&P, the facility conducts administrative and criminal sexual abuse investigations in conjunction with the Tennessee Department of Children’s Services and the Johnson City Police Department. The UETRJDC investigation team consists of the facility Administrator, PREA Coordinator and Classification Officer who will follow all applicable PREA protocol governing sexual abuse investigations. State of Tennessee Department of Children’s Services (“DCS”) Administrative Policies and Procedures: 14.25 states the department’s Special Investigations Unit (“SIU”) shall conduct investigations of allegations of child abuse and neglect that occur while a child is in DCS custody, and special investigations include facilities where children/youth are residing in DCS or contract agency placement. According to the Administrator and PREA Compliance Manager, UETRJDC will conduct administrative investigations and all criminal sexual abuse investigations for staff and residents are referred to the Johnson City Police Department for investigation.

Subsection (b): UETRJDC P&P and DCS Administrative Policies and Procedures 14.25 states that investigators will follow uniform evidence protocol developmentally appropriate for youth.

Subsection (c): UETRJDC does not perform sexual assault medical forensic evaluations, and offers all residents who experience sexual abuse access to forensic medical examinations, at no cost, where evidentiary or medically appropriate, at Frontier Health pursuant to the MOU. UETRJDC first responders will stabilize the victim upon receiving a report alleging sexual abuse and/or assault, and use best efforts to preserve forensic evidence while assisting the victim. The Auditor verified through telephone conversation with the representative at Frontier that the MOU is currently in effect. All forensic medical exams are conducted at the Johnson City Medical Center by SAFE/SANE medical staff. UETRJDC reported in the PAQ that there have been no forensic medical exams conducted or performed by SANES/SAFEs staff or qualified medical practitioner within the past 12 months.

Subsection (d): UETRJDC utilizes victim advocates from Frontier Health pursuant to the MOU. The Auditor verified through telephone conversation with a representative at Frontier Health that they provide victim advocate services if requested by the victim.

Subsection (e): As agreed to in the MOU, Frontier Health will support the victim through the forensic medical examination process and investigatory interviews to provide emotional support, crisis intervention, information, and referrals at the request and approval of the victim. During the telephone conversation with the representative at Frontier Health the Auditor was informed that they will always have a victim crisis counselor during the time of the forensic exam, and will provide, in conjunction with the facility’s staff, victim advocacy services for the resident including short-term and long-term therapy.

Subsection (f): The facility is responsible for conducting administrative and criminal investigations.

Subsection (h): Through the MOU, UETRJDC utilizes advocates from Frontier Health and also utilizes the staff from Children's Advocacy Services through a referral from DCS or law enforcement.

Interviews with random staff indicated they were knowledgeable of the facility's protocols and procedures and had received training and annual refresher training regarding incident response.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and specialized staff.

**Corrective Action:** None.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

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

#### 115.322 (a)

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

#### 115.322 (b)

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

#### 115.322 (c)

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

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Ensuring Referrals of Allegations for Investigations
3. State of Tennessee Department of Children’s Services Administrative Policies and Procedures: 14.25: Special Child Protective Services Investigation, dated August 20, 2015
4. Interviews with the following:
  - a. Agency Head
  - b. PREA Coordinator
  - c. PREA Compliance Manager
  - d. Administrator

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, and all allegations will be referred for investigation to DCS who will aid Administration in conducting the criminal investigation unless the allegation does not involve potentially criminal behavior. If the allegation does not involve potentially criminal behavior, Administration will conduct an investigation to determine if the claims are founded or unfounded, with appropriate administrative action to be taken according to the findings. The facility reported in the PAQ that in the past 12 months, one allegation of sexual abuse and sexual harassment was received resulting in administrative and referred for criminal investigation.

Subsection (b): UETRJDC policy ensures that allegations of sexual abuse or sexual harassment are referred for administrative and/or criminal investigation.

Subsection (c): The facility is responsible for conducting administrative and criminal investigations.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and specialized staff.

**Corrective Action:** None.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

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

#### 115.331 (b)

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

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Employee Training, Volunteer Training, Specialized Training
3. *PREA Employee Training* Curriculum from National PREA Resource Center, August 2014
4. UETRJDC Staff Receipt of PREA, Form 115.331
5. Tennessee Department of Children’s Services Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA), Form CS-0940. Rev. 08/13
6. Interviews with the following:
  - a. Random Staff

#### Findings (By Subsection):

Subsection (a): UETRJDC policy states that all security staff, security staff investigators, contract employees, and volunteers who have contact with residents will receive PREA training during pre-service training and annual refresher training thereafter.

Subsection (b): UETRJDC policy states that training is tailored to the unique needs and attributes of juveniles and to the gender of the residents in the facility. Refresher training is provided annually. Policy further states that only female staff will check on female residents and male staff will check on male residents.

Subsection (c): UETRJDC policy requires all new employees receive PREA training during pre-service and annual refresher training thereafter for all existing staff. Initial PREA training is documented on UETRJDC Form 115.31 Staff Receipt of PREA, and DCS Form CS-0940. The facility reported in the PAQ that 18 staff who have contact with residents were trained or retrained on the PREA requirements enumerated above and by UETRJDC policy. The Auditor reviewed documentation confirming all staff has received the training as outlined above.

Subsection (d): Initial PREA training is documented on UETRJDC Form 115.31 Staff Receipt of PREA, and DCS Form CS-0940 that requires staff to acknowledge they understand the training they have received.

Interviews with all staff indicated they had received the initial during pre-service training; they have received refresher training every year thereafter; and they have been provided information on current sexual abuse and sexual harassment policies. All staff were able to articulate their duties as enumerated in subsection (a) of this Standard. During the on-site audit, the Auditor reviewed all staff training files for documentation verifying the training.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff.

**Corrective Action:** None.

## Standard 115.332: Volunteer and contractor training

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

#### 115.332 (a)

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

#### 115.332 (b)

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

#### 115.332 (c)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

- UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
- UETRJDC P&P Employee Training, Volunteer Training, Specialized Training
- Tennessee Department of Children's Services Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA), Form CS-0940. Rev. 08/13
- UETRJDC Staff Receipt of PREA, Form 115.332
- Interviews with the following:
  - Contractors

- b. Volunteers
- c. PREA Compliance Manager

**Findings (By Subsection):**

Subsection (a): UETRJDC policy states 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. The facility reported in the PAQ that 2 volunteers and contractors who have contact with residents have been trained or retrained in the agency’s policies and procedures regarding sexual abuse and sexual harassment prevent, detection, and response. Interviews with 1 contractor indicate that she had received training and aware of the facility’s zero-tolerance policy for sexual abuse and sexual harassment. As of the on-site audit, the facility had only one volunteer and the Auditor was unable to make contact with the volunteer after numerous attempts.

Subsection (b): UETRJDC policy requires 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 hot to report such incidents.

Subsection (c): Per policy, the facility maintains documentation of signed Initial PREA training is documented on UETRJDC Form 115.31 Staff Receipt of PREA, and DCS Form CS-0940 confirming that volunteers and contractors understand their initial PREA training. During the on-site audit, the Auditor reviewed the volunteer and contractor training files and confirmed receipt of initial PREA training.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with volunteers and contractors.

**Corrective Action:** None.

## Standard 115.333: Resident education

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

#### 115.333 (a)

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

#### 115.333 (b)

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



- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

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

#### 115.333 (d)

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

#### 115.333 (e)

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

#### 115.333 (f)

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

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")

2. UETRJDC P&P Resident Education
3. UETRJDC PREA Comprehensive Education Curriculum Outline
4. UETRJDC PREA Education video
5. UETRJDC PREA Information for New Resident Intake
6. UETRJDC Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA, Form 115.333.1
7. Tennessee Department of Children's Services Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA), Form CS-0939, 08/13
8. UETRJDC Tips to Protect Yourself
9. UETRJDC Help for Abuse Victims List
10. UETRJDC Resident Handbook
11. UETRJDC *Sexual Harassment Sexual Abuse Prevention Pamphlet*
12. *End the Silence, Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Action (PREA) Pamphlet*
13. On-site Tour of facility
14. Review of resident files
15. Interviews with the following:
  - a. Intake Staff
  - b. Random Residents

### **Findings (By Subsection):**

Subsection (a): UETRJDC policy requires that during the intake process, juveniles shall receive information explaining in an age appropriate fashion UETRJDC'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 reported in the PAQ that 490 residents admitted in the past 12 months received this information at intake. Residents will acknowledge their understanding by initialing and signing the DCS Youth Acknowledgement and Notification of PREA Form and given a copy of UETRJDC *Sexual Harassment Sexual Abuse Prevention Pamphlet* to keep and put with their property.

Subsection (b): Intake orientation is conducted by the JDO/Classification Officer when the resident arrives, usually within 10 days (if not sooner) of the resident's arrival. A review of the PREA Comprehensive Education Curriculum Outline shows that the resident is shown the PREA video, provided information on the facility's zero-tolerance policy, how to get help, red flags, how to report, protection from retaliation, and support from a rape crisis counselor. The receipt of the PREA information is documented by the resident and staff UETRJDC Form 115.333.1 Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) form and DCS Youth Acknowledgement and Notification of PREA Form CS-0939. The facility reported in the PAQ that 33 residents admitted in the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on the division's policies and procedures for responding to such incidents within 10 days of intake. On the date of the on-site audit, all of the residents admitted as of the 0800 hours on July 22, 2019, had received comprehensive age-appropriate PREA education within 1 day of intake. The Auditor also reviewed the files for the three residents admitted during the on-site audit which showed residents had received initial PREA information, PREA intake screening, and PREA information.

Subsection (c): UETRJDC policy requires residents transferred to UETRJDC to the extent that the policies and procedures of the juvenile's new facility differ from those of the previous facility to be implemented and documented in the same fashion as any other resident's intake. The facility reported in the PAQ that all residents have received PREA training. This information was confirmed by the Auditor during the interview with the Classification Officer and a review of six resident files.

Subsection (d): UETRJDC policy requires the facility to provide juvenile orientation in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both

receptively and expressively, using any necessary specialized vocabulary. UETRJDC shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. As mentioned above in Standard 115.316, a special education instructor will be available to guide residents in their comprehensive PREA education.

Subsection (e): UETRJDC policy ensures the receipt of the PREA information is documented by the resident and staff UETRJDC Form 115.333.1 Juvenile Confirmation of Receipt of Prison Rape Elimination Act (PREA) form and DCS Youth Acknowledgement and Notification of PREA Form CS-0929. This information was confirmed during interview with the Classification Officer and the Auditor's review of six resident files.

Subsection (f): UETRJDC policy ensures that educational materials are continuously and readily available and visible to residents about PREA through posters, the resident handbook, and other resources in other written formats. The Auditor observed during the tour of the facility that all housing units, school programming areas, and attorney and parent visitation areas have PREA informational posters. Residents are also shown the PREA video within 10 days upon arrival. Residents are also provided information on their right to not be sexually abused or harassed and their right to report on page 4 in the UETRJDC Resident Handbook.

Interviews with random residents indicate they have been provided information on the facility's zero tolerance within hours of arrival; they have seen the posters posted in the facility; and they know how to make a report.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with volunteers and contractors.

**Corrective Action:** None.

## Standard 115.334: Specialized training: Investigations

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

#### 115.334 (a)

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

#### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

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

#### 115.334 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Employee Training, Volunteer Training, Specialized Training
3. UETRJDC Investigator Confirmation of Receipt of PREA Specialized Training, Form 115.334
4. *Specialized Training: Investigating Sexual Abuse in Correctional Settings* Curriculum from National PREA Resource Center, December 2013
5. Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Administrator
  - d. Investigator

### Findings (By Subsection):

Subsection (a): UETRJDC P&P ensures that in addition to the general training provided to all employees, investigators have received training in conducting such investigations in confinement setting.

Subsection (b): UETRJDC P&P ensures that the specialized training included 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.

Subsection (c): The facility maintains documentation of specialized training through the use of UETRJDC Investigator Confirmation of Receipt of PREA Specialized Training, Form 115.334, which was reviewed by the Auditor during the on-site audit for the four facility Investigators.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with the PREA Coordinator, the PREA Compliance Manager, and the Administrator.

**Corrective Action:** None.

## Standard 115.335: Specialized training: Medical and mental health care

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

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

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

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

### Auditor Overall Compliance Determination

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

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. Interviews with the following:
  - a. Administrator

**Findings (By Subsection):**

Subsection (a): UETRJDC does not employ medical or medical health staff and does not conduct forensic examinations of victims.

Subsection (b): UETRJDC does not employ medical or medical health staff and does not conduct forensic examinations of victims.

Subsection (c): UETRJDC does not employ medical or medical health staff and does not conduct forensic examinations of victims.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

**Corrective Action:** None.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

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

#### 115.341 (a)

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

#### 115.341 (b)

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

### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

### 115.341 (d)

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

### 115.341 (e)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Screening for Risk of Sexual Victimization and Abusiveness
3. Tennessee Department of Children's Services Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center, Form CS-0946, Rev 10/18
4. UETRJDC Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization Form
5. UETRJDC Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth Form
6. UETRJDC Resident Classification System
7. UETRJDC Guidelines for PREA Shared Information
8. Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Risk Screening Staff – Classification Officer

### Findings (By Subsection):

Subsection (a): UETRJDC P&P requires screening within 72 hours of the intake process all juveniles shall be screened for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization to identify potential vulnerabilities which might lend a resident to be victimized or tendencies/assessed inclination of a resident to engage in sexually aggressive behavior. The facility reported in the PAQ that 151 residents entered the facility in the past 12 months whose length of stay in the facility was for 72 hours or more were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into UETRJDC. A resident's risk level will be reassessed every six months of continual residency at the facility. As of the first day of the on-site audit there were three residents who had been admitted for 72 hours or longer and a review of these resident files confirmed that the resident was screened within 72 hours of arrival utilizing the information from the DCS Form CS-0946 Assessment, Checklist and Protocol for Behavior and Risk for Victimization and Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth Form.

Subsection (b): UETRJDC uses an objective behavioral screening instrument Tennessee Department of Children's Services Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center, Form CS-0946, Rev 10/18 and Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth Form.

Subsection (c): UETRJDC utilizes the Tennessee Department of Children's Services Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center, Form CS-0946, Rev 10/18 and Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth Form to ascertain information about all 11 enumerated items in this standard to determine proper housing, bed assignment, education, and other programs assignments with the goal of keeping residents at



high risk of being sexually abused and sexually harassed separate from residents who are at high risk of being sexually abusive.

Subsection (d): UETRJDC P&P ensures that the information be ascertained through conversation with the resident during the intake paperwork, through the Classification Officer's interview process utilizing the Assessment, Checklist and Protocol for Behavior and Risk for Victimization form and/or other relevant documentation from the resident's files, history of prior stays at the facility or information given from the court of jurisdiction. Residents are not forced or disciplined for refusing to answer or for not disclosing complete information. Interviews with a Classification Officer indicates staff are reviewing all of the information as outlined in this subsection during risk screening, and notify the Administrator and/or PREA Manager if a screening score indicates a risk for victimization or sexually aggressive.

Subsection (e): UETRJDC P&P and Guidelines for PREA Shared Information controls the dissemination of the information obtained in the screening instrument and staff receive training on confidentiality and victim advocacy.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff and residents.

**Corrective Action:** None.

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

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

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No

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

#### 115.342 (c)

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

#### 115.342 (d)

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

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility’s concern for the resident’s safety? (N/A for h and i if facility doesn’t use isolation?)  
 Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn’t use isolation?)  
 Yes  No  NA

**115.342 (i)**

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population every 30 days?  Yes  No

**Auditor Overall Compliance Determination**

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

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Screening for Risk of Sexual Victimization and Abusiveness
3. Tennessee Department of Children’s Services Assessment, Checklist and Protocol for Behavior and Risk for Victimization in a Youth Development Center, Form CS-0946, Rev 10/18
4. UETRJDC Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization Form
5. UETRJDC Protocol for At-Risk Vulnerable/Sexually Vulnerable Youth Form
6. UETRJDC Resident Classification System
7. UETRJDC Guidelines for PREA Shared Information
8. Interviews with the following:
  - a. Administrator
  - b. PREA Compliance Manager
  - c. Risk Screening Staff
  - d. Staff Who Supervise Residents in Isolation

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P requires the information obtained in the screening and intake process be used to make housing and other assignments with the goal of keeping residents safe and free from sexual abuse. DCS standards state male and female residents are not allowed to be together in the same physical area during recreational, religious, or meal time activities. However, during the four hour educational days, both genders will participate closely supervised by a detention officer as well as the Special Education teacher and will not be allowed to engage in any inappropriate behaviors or conduct. Interviews with specialized staff indicate the information is being used to make decisions on resident housing and programming.

Subsection (b): While the facility does not uses isolation, UETRJDC P&P states that juveniles identified by screening as a risk of victimization may only be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until alternative means of keeping all juveniles safe can be arranged. During the

periods of isolation, the facility shall not deny daily residents daily large-muscle exercise, any legally required educational programming or special education services. Residents in isolation shall receive daily visits by medical or mental health staff, and access to other programs to the extent possible. Every 30 days the facility shall afford the resident a review to determine whether there is a continuing need for isolation from the general population. The facility reported in the PAQ that in the past 12 months no resident at risk of sexual victimization was placed in isolation or held in isolation to protect them from sexual victimization. This was confirmed by the Auditor during interviews with the facility Administrator, PREA Compliance Manager and facility staff.

Subsection (c): UETRJDC P&P ensures that lesbian, gay, bisexual, transgender, queer, questioning or intersex (“LGBTQQI”) residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status; nor shall their identification or status be used as an indicator of likelihood of being sexually abusive.

Subsection (d): UETRJDC P&P ensures that housing and programming assignments for a LGBTQQI resident is made on a case-by-case basis to ensure the juvenile’s health and safety, while considering facility management and/or security concerns. Interviews with staff corroborate that the placement of LGBTQQI residents is made on a case-by-case basis.

Subsection (e): UETRJDC P&P ensures that placement and programming assignments for LGBTQQI residents is reassessed at least every six months of continual residency at the facility by the Classification Officer to review any threats to safety experienced by the resident.

Subsection (f): UETRJDC P&P requires staff to give serious consideration to the LGBTQQI juvenile’s own opinions and views with respect to his or her own safety. Interview with the Classification Officer indicates that the views of an LGBTQQI resident are given serious consideration and they normally accommodate the resident’s request for housing assignment.

Subsection (g): UETRJDC P&P states that as with all residents, LGBTQQI residents shall shower separately from other residents.

Subsection (h): UETRJDC P&P ensures that whenever a resident is separated from others as a last resort, the reason is documented, including the facility’s concern for the resident’s safety, and the reason why no alternative means of separation can be arranged in the facility log. The facility reported in the PAQ in the past 12 months no resident at risk of sexual victimization was placed in isolation. The Auditor confirmed during interviews with staff that the facility does not use isolation.

Subsection (i): UETRJDC P&P requires a review at least every 30 days by the Classification Officer to determine the need for continued separation need for separation from the general population. This review is documented in the resident’s file which is kept in a locked filing cabinet. The Auditor confirmed during interviews with staff that the facility does not use isolation.

During the on-site audit, the Auditor reviewed six completed resident screening forms to verify that the facility uses information from the Assessment, Checklist and Protocol for Behavior and Risk for Victimization form to inform housing, bed, education, and program assignments. At the time of the audit, there were no residents being housed at UETRJDC who identified themselves as LBGTTQQI.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

**Corrective Action:** None.

# REPORTING

## Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

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

#### 115.351 (d)

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

### Auditor Overall Compliance Determination

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

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Residential Reporting
3. UETRJDC P&P Suspected Child Abuse
4. UETRJDC Resident Handbook
5. Residential Reporting Flyer
6. Sexual Assault Flyer for Staff
7. Staff Reporting Privately Flyer
8. Help for Abuse Victims Flyer
9. On-site review of housing areas, program areas, and education areas specifically reviewing PREA information visible and grievance box locations
10. Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Residents
  - d. Random Staff

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P ensures that the facility provides multiple internal ways for juveniles to report sexual abuse and sexual harassment, retaliation from other juveniles or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. At a minimum, these include reporting to the Administrator; using the Residential Grievance Form available in the dayroom and placing it in the locked box located in the dayroom; making a verbal report to staff or others; and access to the DCS toll-free hotline posted in the dayroom at the facility. Residents receive information during intake, through the PREA video, and in the Resident Handbook on reporting PREA incidents by telling a trusted staff member, placing a note in the locked box, using a telephone to call the sexual abuse hotline. This was confirmed by the Auditor during on-site interviews with random staff and residents.

Subsection (b): UETRJDC P&P states that the facility shall also provide at least one way for juveniles to report abuse or harassment to a public or private entity or office that is not part of the division, allowing the juvenile to remain anonymous upon request through the Help for Abuse Victims flyer. Juveniles are educated on how to access the external reporting method during intake and will be given access to outside providers and telephones to use in a confidential manner as possible. Policy also provides that juveniles detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. This was confirmed by the Auditor during on-site interviews with random staff and residents.

During the on-site audit, the Auditor observed PREA posters with toll-free numbers in every area of the detention center. Telephones are available in the dayroom and the residents may ask a staff member to use the telephone. Interviews with residents indicated knowledge procedures for reporting, including the use of the toll-free telephone number, and would report any incident to a staff member they trust or to their family member.

Subsection (c): UETRJDC P&P mandates that all staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties, and shall promptly document all reports by the end of shift in the log and on

incident report forms. Interviews with staff indicate they would accept verbal and written reports, they would immediately report this to the chain of command telling the Administrator and calling the DCS hotline, and they would document their report.

Subsection (d): UETRJDC P&P ensures that the facility shall provide residents with access to tools necessary to make a written report, and will not impose a time limit on when a juvenile may submit a complaint regarding an allegation of sexual abuse. Interviews with staff indicated they would assist any resident who was unable to write their own report.

Subsection (e): UETRJDC P&P states that staff are to notify their supervisors immediately and call the DCS hotline in accordance to the facility incident notification and report policy. Staff can also privately report by utilizing the DCS toll-free hotline. Interviews with staff indicated knowledge procedures for reporting, including the use of the toll-free telephone number.

The Auditor confirmed the telephone number for the DCS was an active telephone number; and that the ElyJenn email address for reporting incident is active and receives reports from UETRJDC residents and staff.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff, residents and advocacy services.

**Corrective Action:** None.

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

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

#### 115.352 (b)

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

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

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

#### 115.352 (e)

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

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the



substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Resident Grievance Procedure
3. UETRJDC Grievance Form
4. Letter of Understanding signed by Resident upon receipt of Resident Handbook
5. UETRJDC Resident Handbook
6. Interviews with the following:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Administrator

### Findings (By Subsection):

Subsection (a): The agency and facility has a policy addressing administrative procedures to address resident grievances regarding sexual abuse.

Subsection (b): UETRJDC P&P states the facility does not impose a time limit on when a juvenile may submit a complaint or grievance on any subject, including allegations of sexual abuse. The policy further states the division will not require a juvenile to use an informal grievance process or otherwise attempt to resolve with staff, an alleged incident of sexual abuse; and ensures that a juvenile who alleges sexual abuse may submit a complaint without submitting it to the staff member who is the subject of the complaint.

Subsection (c): UETRJDC P&P states the individual receiving a report shall ensure that a juvenile who alleges sexual abuse may submit a complaint without submitting it to the staff member who is the subject of the complaint and that such complaint is not referred to a staff member who is the subject of the complaint. The grievance procedures are explained to residents during orientation and again in the Resident's Handbook. Each resident signs a Letter of Understanding to acknowledge receipt of the Resident Handbook and that they understand the grievance process.

Subsection (d): Pursuant to UETRJDC P&P states Administration shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within the time limits as outlined by this subsection of this Standard.

Subsection (e): UETRJDC P&P allows for third parties, including fellow juveniles, staff members, parents, legal guardians, family members, attorneys and outside advocates to assist residents in filing grievance relating to allegations of sexual abuse and are permitted to file such requests on behalf of juveniles. The policy also allows for UETRJDC Administration to require as a condition of processing the grievance filed on behalf of a juvenile by a third party, other than a parent or legal guardian, that the alleged victim agree to have the grievance filed on their 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 their behalf, UETRJDC Administration will document the juvenile's decision. During interview with the Administrator and the PREA Coordinator, the facility allows any person to assist a resident in filing a grievance or other forms of complaint regarding allegations of sexual assault or sexual harassment.

Subsection (f): UETRJDC P&P has established procedures for filing emergency grievance as set forth in this subsection of the Standards.

Subsection (g): UETRJDC P&P allows for the disciplinary of a resident for filing a grievance in bad faith only when the facility demonstrates that the juvenile filed the grievance in bad faith.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and residents.

**Corrective Action:** None.

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

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

#### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

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

#### 115.353 (c)

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

#### 115.353 (d)

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

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Resident Access to Outside Support, Third Party Reporting
3. Memorandum of Understanding (MOU) Between Frontier Health Sexual Assault Program, dated July 16, 2018
4. UETRJDC Tips to Protect Yourself
5. UETRJDC Help for Abuse Victims List
6. UETRJDC Resident Handbook
7. UETRJDC *Sexual Harassment Sexual Abuse Prevention* Pamphlet
8. *End the Silence, Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Action (PREA)* Pamphlet
9. On-site Tour of facility of housing areas, program areas, and education area specifically reviewing PREA information visible and grievance box locations
10. Interviews with the following:

- a. Administrator
- b. PREA Coordinator
- c. PREA Compliance Manager
- d. Random Staff
- e. Random Residents
- f. Advocacy Services

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P states that the facility shall ensure victim services are made available to all juveniles who were victims of 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. Facility staff shall enable reasonable communication between juveniles and these organizations and agencies, in as confidential manner as possible. Through a signed a MOU Frontier Health, UETRJDC complies with this subsection and policy. Through telephone conversations with a representative at Frontier Health, the Auditor confirmed residents at UETRJDC are provided with outside victim advocates for emotional support services as outlined in this Standard.

Residents are also provided information on their right to not be sexually abused or harassed and their right to report in the Resident's Handbook, UETRJDC *Sexual Harassment Sexual Abuse Prevention Pamphlet, End the Silence, Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Action (PREA)* Pamphlet, and the Help for Abuse Victims list posted in the dayroom, and are provided contact and information on the agency's website <http://www.elyjenn detention.com/PREA.html>. During the on-site audit the Auditor observed posters displaying the contact information throughout the facility, including all housing wings, dayroom, all classrooms, and hallways, providing residents with the address and toll-free number for outside victim services. The Auditor was able to determine through interviews with random staff and residents that residents are aware of how to access outside confidential support services in cases of sexual abuse and where the telephone numbers are located.

Subsection (b): UETRJDC P&P states that facility staff shall enable reasonable communication between juveniles and these organizations and agencies, in as confidential a manner as possible. Facility staff shall inform juveniles, prior to giving them access, of the extent to which such communications are monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility shall maintain or attempt to enter into memoranda of understanding or other agreement with community service providers that are able to provide juveniles with confidential emotional support services related to sexual abuse. The facility shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Residents are advised of this limit to confidentiality by medical and mental health staff.

Subsection (c): UETRJDC P&P states the facility Administrator shall maintain or attempt to enter into memoranda of understanding or other agreement with community service providers that are able to provide juveniles with confidential emotional support services related to sexual abuse. The facility shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The facility has entered into a MOU with Frontier Health to provide their residents with confidential emotional support services.

Subsection (d): UETRJDC P&P states the facility shall also provide juveniles with reasonable and confidential access to their attorneys or other legal representation, if applicable, and reasonable access to parents or legal guardians. Residents are also provided information on their right to speak with their parents, legal guardians, and attorneys in the Resident's Handbook. The Administrator and PREA Compliance Manager stated that the UETRJDC provides interview rooms up front for residents to meet privately with their attorney and/or family members and still be monitored by staff. Residents confirmed to the Auditor that they can meet with their parents and attorneys in a private area.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and residents.

**Corrective Action:** None.

## Standard 115.354: Third-party reporting

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

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Resident Access to Outside Support, Third Party Reporting
3. Memorandum of Understanding (MOU) Between Frontier Health Sexual Assault Program, dated July 16, 2018
4. UETRJDC Tips to Protect Yourself
5. UETRJDC Help for Abuse Victims List
6. UETRJDC Resident Handbook
7. UETRJDC *Sexual Harassment Sexual Abuse Prevention* Pamphlet
8. *End the Silence, Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Action (PREA)* Pamphlet
9. ElyJenn website <http://www.elyjenn-detention.com/PREA.html>
10. On-site Tour of facility of housing areas, program areas, and education area specifically reviewing PREA information visible and grievance box locations
11. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator
  - c. PREA Compliance Manager
  - d. PREA Coordinator

### Findings (By Subsection):

Subsection (a): UETRJDC policy ensures that agency shall maintain a method to receive third-party reports of sexual abuse and sexual harassment via the telephone and email, and this information is distributed on the UETRJDC website at

<http://www.elyjennndetention.com/PREA.html> and DCS Hotline. Residents are also provided information on their right to not be sexually abused or harassed and their right to report in the UETRJDC Resident's Handbook.

The Auditor was able to determine through interviews with residents and staff that both residents and staff are aware of the procedures for third-party reporting. The Auditor confirmed by personally emailing and receiving an email response from the email address published their website that UETRJDC receives reports on sexual abuse and sexual harassment via telephone and email, and will distribute this information to the facility.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and residents.

**Corrective Action:** None.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (a)

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

#### 115.361 (b)

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

#### 115.361 (c)

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

#### 115.361 (d)

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

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

#### 115.361 (e)

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

#### 115.361 (f)

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

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Official Response Following a Resident Report
3. UETRJDC P&P Confidentiality of Resident Information
4. UETRJDC Guidelines for PREA Shared Information
5. UETRJDC P&P Suspected Child Abuse
6. Interviews with the following:
  - a. Administrator
  - b. Random Staff
  - d. Random Residents

#### Findings (By Subsection):

Subsection (a): UETRJDC P&P requires all staff to immediately report to the Administrator, PREA Coordinator/Manager or Classification Officer information they received regarding an incident of sexual abuse or sexual harassment that occurred in the facility; any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against juveniles or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Subsection (b): UETRJDC P&P states during the course of a resident's admission and entire stay at the facility, any staff member who suspects that the resident has been abused, neglected, and/or otherwise mistreated shall immediately report such suspicions to the DCS hotline.

Subsection (c): UETRJDC P&P and guidelines prohibit staff from discussion PREA allegations with anyone other than to the extent necessary, to make treatment, and other security and management decisions.

Subsection (d): UETRJDC does not employ medical or medical health staff.

Subsection (e): UETRJDC P&P specifically addresses the requirements of this subsection the Standard requiring the facility Administrator to promptly report the allegations as required by UETRJDC and DCS policies and procedures and the subsections of this Standard.

Subsection (f): UETRJDC P&P states that all third party allegations will be reported following the same guidelines.

Through interviews with staff it was determined that all staff have a duty to immediately report any knowledge, suspicion, or information related to sexual abuse or sexual harassment. Staff is also required to report any retaliation towards any inmate or staff for reporting and any staff neglect that may have contributed to an incident or retaliation. Interview with the facility Administrator indicated that she is aware of her duties to provide instructions to her staff for the notification of the parties as set forth in subsection (e) of this Standard.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and residents.

**Corrective Action:** None.

## Standard 115.362: Agency protection duties

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

#### 115.362 (a)

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

#### Auditor Overall Compliance Determination

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



**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Official Response Following a Resident Report
3. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P requires all staff to immediately report to the Administrator, PREA Coordinator/Manager or Classification Officer information they received regarding an incident of sexual abuse or sexual harassment that occurred in the facility; any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against juveniles or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. As of the date of the audit, the facility reported in the PAQ that within the past 12 months they have not received or made any determination that a resident was subject to a substantial risk of imminent sexual abuse.

Interviews with the Administrator and random staff it was determined that staff were they take immediate action to protect the safety of the resident when they receive a report that a resident is subject to risk of imminent sexual abuse.

Compliance with this standard was determined through policy reviews, and interviews with staff.

**Corrective Action:** None.

**Standard 115.363: Reporting to other confinement facilities**

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

**115.363 (a)**

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

**115.363 (b)**

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

**115.363 (c)**

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

**115.363 (d)**

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Official Response Following a Resident Report
3. UETRJDC Report to Other Confinement Facilities Form 115.363
4. Interviews with the following:
  - a. Agency Head
  - b. Administrator
  - c. PREA Coordinator

### Findings (By Subsection):

Subsection (a): UETRJDC P&P requires that upon receipt of a report that a juvenile was sexually abused while confined at another facility, the UETRJDC Administrator 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 the Report to Other Confinement Facilities Form 115.363, as soon as possible, but no later than 72 hours after receiving the allegation. As of the date of the audit, the facility reported that in the past 12 months they have not received any allegation that a resident was abused while confined at another facility.

Subsection (b): UETRJDC P&P requires that upon receipt of a report that a juvenile was sexually abused while confined at another facility, the UETRJDC Administrator 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 the Report to Other Confinement Facilities Form 115.363, as soon as possible, but no later than 72 hours after receiving the allegation. Interview with the Administrator confirmed that she would notify the appropriate parties where the alleged abuse occurred and shall also notify the appropriate investigative agency within 72 hours.

Subsection (c): UETRJDC P&P states that alleged incidents occurring at other facilities are documented using the Report to Other Confinement Facilities Form 115.363.

Subsection (d): UETRJDC P&P states that alleged incidents occurring at other facilities are documented using the Report to Other Confinement Facilities Form 115.363. As of the date of the audit, the facility reported within the past 12 months they have not received any allegation that a juvenile was abused from other facilities.

During the separate interviews with the CEO and the facility Administrator they stated that all allegations of sexual abuse and sexual harassment received from another facility will be investigated.

Compliance with this standard was determined through policy reviews, and interviews with specialized staff.

Corrective Action: None.

## Standard 115.364: Staff first responder duties

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

#### 115.364 (a)

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

#### 115.364 (b)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Official Response Following a Resident Report
3. UETRJDC Guideline for PREA Shared Information
4. UETRJDC First Responder Checklist for Sexual Assault Allegations Form 115.364

5. Interviews with the following:

- a. Administrator
- b. Random Staff
- c. Non-security Staff

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P requires that upon receipt of a report that a juvenile was sexually abused the first staff member to respond in accordance with this subsection of the Standards. The facility reported in the PAQ that within the past 12 months they have received one allegation that a resident had been sexually abused. The Auditor reviewed the Investigation Report during the on-site audit.

Subsection (b): UETRJDC P&P requires the first staff member responding to the report to request that the alleged victim not take any actions that could destroy physical evidence as outlined in this subsection of the Standard. The facility reported in the PAQ that within the past 12 months they have received one allegation that a resident was sexually abused. The Auditor reviewed the Investigation Report during the on-site audit.

Through interviews with a random staff and non-security staff it was determined that staff are knowledgeable regarding their first responder duties upon first learning of any allegation of sexual abuse or sexual harassment, and are knowledgeable on the utilization of the forms and checklists developed by the agency.

Compliance with this standard was determined through policy reviews, and interviews with staff.

**Corrective Action:** None.

## Standard 115.365: Coordinated response

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

#### 115.365 (a)

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

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Official Response Following a Resident Report

3. UETRJDC Guideline for PREA Shared Information
4. UETRJDC First Responder Checklist for Sexual Assault Allegations Form 115.364
5. UETRJDC Sexual Abuse Response Team Protocol
6. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator
  - b. Random Staff
  - c. Non-security Staff

**Findings (By Subsection):**

Subsection (a): UETRJDC has developed a detailed written institutional plan and created forms and checklists to coordinate actions among staff first responders, the Administrator, the PREA Coordinator/Manager, SANE/SAFE staff at Johnson City Medical Center, Frontier Health sexual advocates, Johnson City Police Department, and the District Attorney to be taken in response to an imminent risk of sexual abuse or an alleged incident of sexual abuse. UETRJDC does not employ medical or medical health staff and does not conduct forensic examinations of victims. Interview with the Administrator and PREA Coordinator confirmed the facility has a written plan and checklist for staff to follow.

Through interviews with a random staff and non-security staff it was determined that staff are knowledgeable regarding their first responder duties upon first learning of any allegation of sexual abuse or sexual harassment, and are knowledgeable on the utilization of the forms and checklists developed by the agency.

Compliance with this standard was determined through policy reviews, and interviews with staff.

**Corrective Action:** None.

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

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

#### 115.366 (a)

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

#### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. Interviews with the following:
  - a. Agency Head
  - b. Administrator

**Findings (By Subsection):**

Subsection (a): There is no collective bargaining agreement or any other agreement between the agency and UETRJDC employees that limits the agency’s abilities to remove alleged staff sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This was confirmed during interview with the CEO and Administrator.

Subsection (b): N/A

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

**Corrective Action:** None.

## Standard 115.367: Agency protection against retaliation

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

#### 115.367 (a)

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

#### 115.367 (b)

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

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or

staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No

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

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Official Response Following a Resident Report
3. UETRJDC Protections Against Retaliation Form 115.367
4. UETRJDC Sexual Abuse Response Team Protocol
5. Interviews with the following:
  - a. Agency Head
  - b. Administrator
  - c. Staff Member Charged with Monitoring Retaliation – PREA Compliance Manager
  - d. Random Staff

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P outlines the agency’s policy or protection for juveniles 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. Due to the small number of staff, the PREA Retaliation Monitor will be designated by the Administrator on a rotating, case-by-case basis based on who is involved in the incident so as to avoid staff from predicting who the Retaliation Monitor would be. During the interviews with the PREA Compliance Manager, Administrator, and PREA Coordinator, the Auditor was informed that UETRJDC has established a policy to protect all residents and staff from retaliation as set out in this Standard.

Subsection (b): UETRJDC P&P provides multiple protection strategies, such as housing changes for juvenile victims or abusers, removal of alleged staff 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. The facility monitors retaliation utilizing the UETRJDC Protections Against Retaliation Form 115.367.

Subsection (c): UETRJDC P&P requires the facility to monitor for at least 90 days in accordance with this subsection of the Standards, including the conduct or treatment of staff who reported 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 to promptly remedy any such retaliation utilizing the UETRJDC Protections Against Retaliation Form 115.367. The PREA Coordinator stated she would monitor longer than the 90-day period. As of the date of the audit, the facility reported no incidents of retaliation have occurred within the past 12 months.

Subsection (d): UETRJDC P&P requires the PREA Compliance Manager to monitor for at least 90 days the conduct or treatment of juveniles who reported 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 juveniles or staff, and shall act to promptly remedy any such retaliation.

Subsection (e): UETRJDC P&P states that if any other individual who cooperates with the investigation expresses a fear of retaliation, the PREA Compliance Manager shall pursue appropriate measures to protect that individual against retaliation.

Compliance with this standard was determined through policy reviews and interview with specialized staff.

**Corrective Action:** None.

**Standard 115.368: Post-allegation protective custody**

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



### 115.368 (a)

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

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Official Response Following a Resident Report
3. Interviews with the following:
  - a. Administrator
  - b. Staff Member Who Supervises Residents in Isolation

#### Findings (By Subsection):

Subsection (a): UETRJDC P&P states that residents who allege to have suffered sexual abuse may be isolated from others only as a last resort with less restrictive measures are inadequate to keep them and other resident safe in accordance with Standard 115.342. The Auditor was informed by UETRJDC Administrator and PREA Compliance Manager that they do not use isolation for any reason. As of the date of the audit, the facility reported no resident who alleged to have suffered sexual abuse were placed in isolation within the past 12 months.

Interviews with Administrator and staff who supervise residents in isolation indicate that isolation is seldom used at UETRJDC and not for residents who have alleged sexual abuse.

Compliance with this standard was determined through policy reviews, observations made during the on-site audit, and interviews with staff and residents.

**Corrective Action:** None.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

### 115.371 (a)

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

#### 115.371 (b)

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

#### 115.371 (c)

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

#### 115.371 (d)

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

#### 115.371 (e)

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

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  
 Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

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

#### 115.371 (i)

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

#### 115.371 (j)

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

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Criminal and Administrative Investigations
3. UETRJDC P&P Employee Training, Volunteer Training, Specialized Training

#### 4. UETRJDC Investigation Outcome of Allegations of Sexual Abuse and Sexual Harassment Form

#### 5. Interviews with the following:

- a. Administrator
- b. PREA Coordinator
- c. PREA Compliance Manager
- d. Investigator

#### **Findings (By Subsection):**

Subsection (a): UETRJDC P&P ensures that an administrative and/or criminal investigation is completed for all allegations of sexual abuse, sexual assault and sexual harassment; and is done so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Subsection (b): UETRJDC P&P states that to the extent the facility conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings and outlined in Standard 115.334. The Auditor spoke with two Investigators at the facility who confirmed they have received specialized training in sexual abuse investigations involving juvenile victims as required by Standard 115.334.

Subsection (c): UETRJDC P&P states that Administration shall receive special training in sexual abuse investigations involving juvenile victims and serve as the initial internal investigator of the facility. If within the margins of what Administrative Investigators have been trained to do so, UETRJDC shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence only if instructed to by law enforcement or risk of destruction of evidence is too great to delay action, and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involve the suspected perpetrator.

Subsection (d): UETRJDC P&P ensures that investigations will not be terminated solely because the source of the allegation recants the allegation.

Subsection (e): UETRJDC P&P states Administrative Investigators will conduct compelled interviews only after consultation with prosecutors.

Subsection (f): UETRJDC P&P states the creditability 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 a juvenile or staff. The facility shall not require a juvenile who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Subsection (g): UETRJDC P&P states the Administrator will be responsible for determining whether personnel or work rule violations, and whether staff action or failures to act contributed to the abuse. All investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings utilizing the UETRJDC Investigation Outcome of Allegations of Sexual Abuse and Sexual Harassment Form.

Subsection (h): UETRJDC P&P states all criminal investigations shall be documented in written reports that contains a thorough description of the physical, testimonial evidence, and documentary evidence and attaches copies of all documentary evidence where feasible. The facility utilizes the UETRJDC Investigation Outcome of Allegations of Sexual Abuse and Sexual Harassment Form to document these findings.

Subsection (i): UETRJDC P&P states the Administrator will report to the appropriate agency (DCS and/or law enforcement) all credible allegations in compliance with state law and PREA standards. When the quality of evidence appears to support criminal prosecution, the Administration shall immediately notify Johnson City Police Department Investigations Division and

tur over information obtained to begin a criminal investigation. The facility reports in the PAQ that in the past 12 months there have been no criminal cases referred for prosecution.

Subsection (j): UETRJDC P&P states UETRJDC shall retain all written reports relating to sexual abuse, assault, harassment for as long as the alleged abuser is under the jurisdiction of the juvenile court or employed by the agency, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.

Subsection (k): UETRJDC P&P states the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

Subsection (l): N/A

Subsection (m): UETRJDC P&P states that when an outside agency investigates sexual abuse, UETRJDC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The Auditor was informed during staff interviews that the Administrator and/or the Investigator would be the contact persons working with the Johnson City Police Department monitoring the status of the investigation.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.

**Corrective Action:** None.

## Standard 115.372: Evidentiary standard for administrative investigations

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

#### 115.372 (a)

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

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

- UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
- UETRJDC P&P Criminal and Administrative Investigations
- Interview with the following:
  - PREA Coordinator
  - Investigator

### Findings (By Subsection):

Subsection (a): UETRJDC P&P states UETRJDC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed by the Auditor during the interview with the PREA Coordinator.

Compliance with this standard was determined through policy review and interview with specialized staff.

**Corrective Action:** None.

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

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

#### 115.373 (b)

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

#### 115.373 (c)

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

#### 115.373 (d)

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

### 115.373 (e)

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

### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Reporting to Juveniles Following a Sexual Assault
3. UETRJDC Juvenile Notification of Investigative Outcome Form 115.373
4. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator

### Findings (By Subsection):

Subsection (a): UETRJDC P&P states that following an investigation into a juvenile’s allegation of sexual abuse suffered in the facility, the Administrative Investigator shall inform the juvenile as whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility reports in the PAQ that one administrative investigation was completed by the facility in the past 12 months. The Auditor reviewed the investigative report during the on-site audit. The Auditor interviewed the PREA Compliance Manager who stated that the practice is to notify the juvenile as required by this subsection.

Subsection (b): UETRJDC P&P states the Administrative Investigator shall request the relevant information from the investigating agency in order to inform the juvenile of the outcome. The facility reports in the PAQ that in the past 12 months one case was referred to DCS for possible criminal prosecution. The Auditor reviewed the investigative report during the on-site audit.

Subsection (c): UETRJDC P&P details the required notifications pursuant to this subsection of the Standard.

Subsection (d): UETRJDC P&P details the required notifications pursuant to this subsection of the Standard.

Subsection (e): UETRJDC P&P requires documentation utilizing the UETRJDC Juvenile Notification of Investigative Outcome Form 115.373. The facility reports in the PAQ that no notifications to residents that were made pursuant to this Standard in the past 12 months. A review of the investigative file shows no notification was made at the request of the resident.

Subsection (f): N/A

Compliance with this standard was determined through policy reviews, review of documentation, and observations made during the on-site audit.

**Corrective Action:** None.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination



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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Disciplinary Sanctions for Residents and Staff
3. Interviews with the following:
  - a. Agency Head
  - b. PREA Coordinator

**Findings (By Subsection):**

Subsection (a): UETRJDC states staff shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies.

Subsection (b): UETRJDC states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The facility reports in the PAQ that no staff from the facility have been terminated or resigned prior to termination for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

Subsection (c): UETRJDC P&P states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment, other than actually engaging in sexual abuse, shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The facility reports in the PAQ that no staff from the facility has been disciplined, short of termination for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

Subsection (d): UETRJDC P&P states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and the DCS, unless the activity was clearly not criminal.

Compliance with this standard was determined through policy reviews and interview with specialized staff.

**Corrective Action:** None.

## Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?
  - Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  
 Yes  No

### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Disciplinary Sanctions for Residents and Staff
3. Interviews with the following:
  - a. Agency Head
  - b. PREA Coordinator
  - c. Administrator

#### Findings (By Subsection):

Subsection (a): UETRJDC P&P states any contractor or volunteer who engages in sexual abuse or harassment shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies and DCS, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility reports in the PAQ that no contractors or volunteers from the facility have been reported to local law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of juveniles in the past 12 months.

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

Compliance with this standard was determined through policy reviews and interview with specialized staff.

**Corrective Action:** None.

### Standard 115.378: Interventions and disciplinary sanctions for residents

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

**115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  Yes  No

**115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

**115.378 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

**115.378 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

**115.378 (e)**

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

**115.378 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

**115.378 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Disciplinary Sanctions for Residents and Staff
3. UETRJDC P&P Room Restriction/Confinement of Residents
4. UETRJDC P&P Criminal Violations
5. UETRJDC Resident Handbook
6. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator

### Findings (By Subsection):

Subsection (a): UETRJDC P&P states that residents are subject to the disciplinary sanctions by the Administrator only pursuant to a formal Due Process disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse. As of the date of the audit, the facility reported in the PAQ that there has been one administrative finding of guilt of resident-on-resident sexual abuse and no criminal findings of guilt of resident-on-resident sexual abuse in the past 12 months.

Subsection (b): UETRJDC P&P states 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 offense 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; they shall receive daily visits from the Administrator; and they shall also have access to other programs and work opportunities to the extent possible. Documentation will be made for special management cases, such as suicidal behavior, under the influence, etc. As of the date of the audit, the facility reported in the PAQ that no resident has been placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse in the past 12 months.

Subsection (c): UETRJDC P&P states the Administrator shall consider whether a juvenile’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. The Auditor interviewed the facility Administrator who indicated this is the practice of the facility.

Subsection (d): UETRJDC P&P states the facility may make a recommendation to the aggressor’s court of jurisdiction so that they may coordinate therapy, counseling or other interventions designed to address and correct the underlying reasons or motivation for abuse. However, if a resident declined to participate in such interventions, his/her general programming or education would not be adversely affected. The decision of a resident to decline such therapies may adversely affect his or

her behavior-based incentives, to the extent of which this would affect the detention center as a whole, at the discretion of the Administrator. Interview with the Administrator indicated the practice is compliant with this subsection.

Subsection (e): UETRJDC P&P permits disciplinary sanctions for a juvenile for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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

Subsection (g): UETRJDC P&P prohibits all sexual activity between juveniles and may discipline juveniles for such activity; and does not deem such activity to constitute abuse if it determines that the activity is not coerced.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and residents.

**Corrective Action:** None.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

##### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  
 Yes  No

##### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

##### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Medical and Mental Care
3. UETRJDC Consent for UETRJDC Staff to Contact Department of Children’s Services to Report Suspected or Self-Disclosed Physical or Sexual Abuse Form (18 years and older)
4. UETRJDC Medical and Mental Care Intake
5. UETRJDC Resident Request for Medical or Mental Care Form
6. On-site review of administrative area where resident files are stored to determine security of records
7. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator
  - b. Staff Responsible for Risk Screening

### Findings (By Subsection):

Subsection (a): UETRJDC P&P states if during the intake process, or at any other point in time while in the custody of UETRJDC, a resident discloses that he or she has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with medical or mental health practitioner within 14 days of the intake screening. As a component of the initial screening during the intake process, staff will ask any resident who discloses prior abuse and/or has perpetrated prior abuse if he or she would like mental health services. If the resident has stated that he or she would like mental health services, staff will alert the court of jurisdiction using Form Resident Request for Medical or Mental Care, and a copy of this form will be kept in the resident’s file and given to the PREA Coordinator. As of the date of the audit, the facility reported in the PAQ that 100% residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. The Auditor reviewed six resident’s files during the on-site audit for compliance with this Standard. Interviews with the Classification Officer indicate they offer a follow-up meeting with mental health within 14 days, if not sooner, of the initial intake screening.

Subsection (b): UETRJDC P&P states if the screening process indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. As a component of the initial screening during the intake process, staff will ask any resident who discloses prior abuse and/or has perpetrated prior abuse if he or she would like mental health services. If the resident has stated that he or she would like mental health services, staff will alert the court of jurisdiction using Form Resident Request for Medical or Mental Care, and a copy of this form will be kept in the resident’s file and given to the PREA Coordinator. As of the date of the audit, the facility reported in the PAQ that 100% residents who disclosed previously perpetrated sexual abuse during screening were offered a follow-up meeting with a

medical or mental health practitioner. The Auditor reviewed six resident's files during the on-site audit for compliance with this Standard.

Subsection (c): UETRJDC P&P states that any information related to sexual victimization or abusiveness that occurred in an institutional setting or in the community disclosed to staff will be strictly limited to medical and mental health practitioners, court of jurisdiction, and UETRJDC staff as necessary to inform treatment plans and security management decisions, or as otherwise required by Federal, State or local law. The only staff members privy to detailed abuse reports will be the staff member who made the report (to whom the resident disclosed), Classification Officer, PREA Coordinator/Manager, and/or Administrator. During the on-site audit, the Auditor confirmed with the Administrator that this information is conveyed to staff.

Subsection (d): UETRJDC P&P states that if a resident is under the age of 18, it is mandatory that staff report prior victimization to the DCS. If a resident is 18 or over, staff shall obtain informed consent before reporting the victimization utilizing the Consent for UETRJDC Staff to Contact Department of Children's Services to Report Suspected or Self-Disclosed Physical or Sexual Abuse Form.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff and residents.

**Corrective Action:** None.

## Standard 115.382: Access to emergency medical and mental health services

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

### 115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

## Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Medical and Mental Care
3. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator
  - b. Security First-Responders and non-Security Staff

### Findings (By Subsection):

Subsection (a): UETRJDC P&P demonstrates compliance with this subsection. Interviews with the Administrator and PREA Coordinator indicate that a victim would receive the medical services required by this subsection.

Subsection (b): UETRJDC P&P demonstrates compliance with this subsection. Interviews with staff first responders indicate they will take steps to protect the victim and immediately notify the appropriate medical and mental health care practitioners.

Subsection (c): UETRJDC P&P ensures that resident victims of sex abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care where medically appropriate.

Subsection (d): UETRJDC P&P ensures that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperate with any investigation arising out of the incident.

Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff and residents.

**Corrective Action:** None.

## Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

#### 115.383 (a)



- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### 115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### 115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

#### Auditor Overall Compliance Determination

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P UETRJDC P&P Medical and Mental Care
3. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P states the facility will offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Subsection (b): UETRJDC P&P demonstrates compliance with this subsection.

Subsection (c): UETRJDC P&P demonstrates compliance with this subsection.

Subsection (d): UETRJDC P&P states that resident victims of sexually abusive vaginal penetration shall be offered pregnancy test.

Subsection (e): UETRJDC P&P states that if pregnancy results from sexual abuse, such victims shall receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Subsection (f): UETRJDC P&P ensures that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Subsection (g): UETRJDC P&P states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Subsection (h): UETRJDC P&P states the facility shall attempt to orchestrate, with the resident’s court of jurisdiction, a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The facility reported in the PAQ that 2% of the residents were offered a follow-up meeting with mental health practitioners, and the Auditor reviewed six resident files related to the provisions as required by this Standard. The Classification Staff interviewed stated that the care that would be offered immediately and would be consistent with the community level of care.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

**Corrective Action:** None.

**DATA COLLECTION AND REVIEW**

**Standard 115.386: Sexual abuse incident reviews**

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

### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

**Evidence Reviewed (documents, interviews, site review):**

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Sexual Abuse Incident Reviews and Data
3. UETRJDC Sexual Abuse/Sexual Assault Critical Incident Review Form
4. Interviews with the following:
  - a. Administrator
  - b. PREA Coordinator
  - c. PREA Compliance Manager
  - d. Member of Sexual Abuse Incident Review Team

**Findings (By Subsection):**

Subsection (a): UETRJDC P&P requires the Administrator, PREA Coordinator and PREA Manager to conduct a sexual abuse incident review using the Sexual Abuse/Sexual Assault Critical Incident Review Form 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. The facility reported in the PAQ that one criminal or administrative investigation of alleged sexual abuse was completed in the past 12 months. The Auditor reviewed the investigation file during the on-site audit. Interview with the Administrator and PREA Coordinator/Manager confirmed that they would lead a sexual abuse incident review team as set forth in UETRJDC policy and this Standard.

Subsection (b): UETRJDC P&P states the review shall ordinarily occur within 30 days of the conclusion of the criminal and/or administrative investigation. The facility reported in the PAQ that one criminal or administrative investigation of alleged sexual abuse was completed in the past 12 months. The Auditor reviewed the investigation file during the on-site audit. The facility reported in the PAQ that no criminal investigation or disciplinary process investigations of alleged sexual abuse in the past 12 months for review by the sexual abuse incident review team.

Subsection (c): UETRJDC P&P states that the review team shall include upper-level management officials, with input from all UETRJDC staff, investigators, and/or medical or mental health practitioners.

Subsection (d): UETRJDC P&P details all the items that the incident review team must consider when conducting the review and the policy is compliant with the Standard requirement.

Subsection (e): UETRJDC P&P states that the facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

**Corrective Action:** None.

## **Standard 115.387: Data collection**

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

#### **115.387 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  
 Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire ("PAQ")
2. UETRJDC P&P Sexual Abuse Incident Reviews and Data
3. UETRJDC website at <http://www.elyjennndetention.com/PREA.html>
4. Interviews with the following:
  - a. Agency Head
  - b. Administrator
  - c. PREA Coordinator

### Findings (By Subsection):

Subsection (a): UETRJDC P&P requires UETRJDC to collect accurate, uniform data for every allegation of sexual abuse at the facility using the Department of Justice Form SSV-IJ Survey of Sexual Violence Incident Form.

Subsection (b): UETRJDC P&P ensures compliance with this Standard.

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

Subsection (d): UETRJDC P&P ensures compliance with this Standard..

Subsection (e): UETRJDC does not contract with private facilities for the confinement of its residents.

Subsection (f): Upon request, UETRJDC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup>. Copies of the agency's reports are available on the agency's website at <http://www.elyjennndetention.com/PREA.html>

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

**Corrective Action:** None.

## Standard 115.388: Data review for corrective action

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

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

## 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  
 Yes  No

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P Sexual Abuse Incident Reviews and Data
3. UETRJDC Annual Report/Data Review for Corrective Action Form
4. UETRJDC website at <http://www.elyjenn-detention.com/PREA.html>
5. Interviews with the following:
  - a. Agency Head
  - b. Administrator
  - c. PREA Coordinator
  - d. PREA Compliance Manager

### Findings (By Subsection):

Subsection (a): UETRJDC P&P states that the Administrator and PREA Coordinator shall annual review data collected in order to assess and improve effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training, including (a) identifying problem areas; (2) taking corrective action on an ongoing basis; and (3) preparing an annual report of findings and corrective actions for the facility.

Subsection (b): UETRJDC P&P states that 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.

Subsection (c): UETRJDC P&P requires that the Annual PREA Report shall be approved by the Administrator and made readily available to the public through the ElyJenn website <http://www.elyjenn-detention.com/PREA.html>.

Subsection (d): UETRJDC P&P states 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.

At the time of the on-site audit, the UETRJDC Annual PREA Report available on the ElyJenn website was for 2018, and did not include a comparison of the current year's data and corrective actions with those from prior years; did not provide an assessment of progress in addressing sexual abuse, and did not reflect approval by the Administrator. During the on-site audit, the facility corrected the Annual PREA Report to comply with all the subsections of this Standard during the 30-day period immediately following the on-site audit and provided documentation to the Auditor showing that data collected from 2013 to 2018 as required by the subsections in this Standard have been complied with. The revised Annual PREA Report is available on the ElyJenn website <http://www.elyjenn-detention.com/PREA.html>.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

**Corrective Action:** None.

## Standard 115.389: Data storage, publication, and destruction

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

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

- UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
- UETRJDC P&P UETRJDC P&P Sexual Abuse Incident Reviews and Data
- UETRJDC website at <http://www.elyjennetention.com/PREA.html>
- Interviews with the following:
  - Agency Head
  - Administrator
  - PREA Coordinator



## Findings (By Subsection):

Subsection (a): UETRJDC P&P ensures that data collected pursuant to this Standard are securely retained.

Subsection (b): UETRJDC P&P states aggregated sexual abuse data shall be made publically available on the ElyJeen website/ Prior to the on-site audit, the UETRJDC 2018 Annual PREA Report was available on the website <http://www.elyjenn detention.com/PREA.html>.

Subsection (c): UETRJDC P&P states that before making aggregated sexual abuse data publicly available, UETRJDC shall remove all personal identifiers and comply with this Standard.

Subsection (d): UETRJDC P&P ensures that data collected pursuant to UETRJDC record retention schedule and PREA standards for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

At the time of the on-site audit, the UETRJDC Annual PREA Report available on the ElyJenn website was for 2018, and did not include an aggregated sexual abuse data from 2013 to 2018. During the on-site audit, the facility corrected the Annual PREA Report to comply with all the subsections of this Standard during the 30-day period immediately following the on-site audit and provided documentation to the Auditor showing that data collected from 2013 to 2018 as required by the subsections in this Standard have been complied with. The revised Annual PREA Report is available on the ElyJenn website <http://www.elyjenn detention.com/PREA.html>.

Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with specialized staff.

**Corrective Action:** None.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

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

### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC Completed Pre-Audit Questionnaire (“PAQ”)
2. UETRJDC P&P
3. Interviews with the following:
  - a. Agency Head
  - b. Administrator
  - c. PREA Coordinator

### Findings (By Subsection):

Subsection (a): UETRJDC P&P addresses this subsection. ElyJenn has conducted audits on all of its facilities during the three-year period starting on August 20, 2013.

Subsection (b): UETRJDC P&P addresses this subsection. has ensured that at least one-third of each facility type operated by UETRJDC was audited starting August 20, 2013. UETRJDC does not have any facilities operated by a private organization on its behalf.

Subsection (h): UETRJDC P&P addresses this subsection. During the audit, the Auditor had access to and observed all areas of the audited facilities.

Subsection (i): UETRJDC P&P addresses this subsection. During the audit, the Auditor was permitted to request and received copies of any relevant documents, including electronically stored information.

Subsection (m): UETRJDC P&P addresses this subsection. During the audit, the Auditor was permitted to conduct private interviews with residents at the facility.

Subsection (n): UETRJDC P&P addresses this subsection. During the audit, residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

At the time of the pre-audit, the UETRJDC policy did not address this Standard. During the on-site audit, the facility provided the Auditor with an updated policy addressing this Standard as required by the subsections in this Standard have been complied with.

Compliance with this standard was determined through policy reviews, review of documentation and interviews with specialized staff.

**Corrective Action:** None.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Evidence Reviewed (documents, interviews, site review):

1. UETRJDC 2015 Final Report on ElyJenn's website at <http://www.elyjenndetention.com/PREA.html>
2. UETRJDC P&P

**Findings (By Subsection):**

Subsection (f): UETRJDC has published on ElyJenn’s website at <http://www.elyjenn-detention.com/PREA.html> the Upper East Tennessee Regional Juvenile Detention Center Final Audit Report, dated August 18, 2016.

Compliance with this standard was determined through policy review and review of documentation.

**Corrective Action:** None

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## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Sharon G. Robertson

August 16, 2019

**Auditor Signature**

**Date**