

**PREA AUDIT REPORT   ☐ INTERIM   ☒ FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 8/18/2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Martin Harrelson, Jennifer Hamilton			
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<b>Telephone number:</b> 423-315-3546, 615-330-7197			
<b>Date of facility visit:</b> 8-02, 8-03 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Upper East Tennessee Regional Juvenile Detention Center (ELYJENN)			
<b>Facility physical address:</b> 307 Wesley Street, Johnson City, TN 37601			
<b>Facility mailing address:</b> (if different from above)			
<b>Facility telephone number:</b> 423-282-2118			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Tobey Robertson			
<b>Number of staff assigned to the facility in the last 12 months:</b> 13			
<b>Designed facility capacity:</b> 10			
<b>Current population of facility:</b> 5			
<b>Facility security levels/inmate custody levels:</b> secure			
<b>Age range of the population:</b> 8-18			
<b>Name of PREA Compliance Manager:</b> Brandi Phillips		<b>Title:</b> Prea Compliance Manager/Administrator	
<b>Email address:</b> brbregionaljuvdet@gmail.com		<b>Telephone number:</b> 423-282-2118	
<b>Agency Information</b>			
<b>Name of agency:</b> Ely Jenn			
<b>Governing authority or parent agency:</b> (if applicable)			
<b>Physical address:</b>			
<b>Mailing address:</b> (if different from above) Click here to enter text.			
<b>Telephone number:</b>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Tobey Robertson		<b>Title:</b> CEO	
<b>Email address:</b> trobetson@tvjdc.com		<b>Telephone number:</b> 256 381 3520	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Breck Bishop		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> brbregionaljuvdet@gmail.com		<b>Telephone number:</b> 423-282-2118	

## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Upper East Tennessee Regional Juvenile Detention Center was conducted on August 2,3 2016 by Jennifer Hamilton and Martin Harrelson, as U.S. Department of Justice Certified PREA Auditors for juvenile facilities. 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 agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards.

During the two days of the on-site audit, the auditors were provided a private, accessible office in the facility from which to work and conduct confidential interviews. Formal personal interviews were conducted with facility staff, juveniles, staff administration, human resources, volunteers, and contractors. Phone interviews were conducted with medical staff, mental health providers, and law enforcement detectives who investigate child sexual abuse cases. The auditors interviewed all four juveniles who were placed at the detention center during the audit. Staff members both front line and supervisory staff were interviewed representing all three shifts (1<sup>st</sup> shift 7am-3pm; 2<sup>nd</sup> shift 3pm to 11pm; and 3<sup>rd</sup> shift 11pm to 7am). Included in the interview process were specialty staff including medical (contract staff), counseling, first responders, investigators, intake and screening, human resources and training individuals. Also interviewed were the agency Director, PREA Coordinator, PREA Compliance Manager. Juveniles were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff was questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The auditors reviewed personnel files to determine compliance with training mandates and background check procedures. Case files for youth in the facility were reviewed to evaluate screening and intake procedures, resident education and other general programming areas. The UETRJDC reports no allegations of sexual abuse or sexual harassment in the past 12 months so the auditors were not able to review any investigations, related documentation or interview any victims.

After a brief introduction to administrative staff at UETRJDC the auditors toured the facility. The facility is a 12 bed facility. The facility has two separate hallways, one female cell and one male cell used for isolation. The detention center has a school and all youth are provided with educational opportunities. All juveniles at the facility attend school daily, Monday through Thursday. The facility uses the local hospital and clinic for all medical services. The local hospital has safe/sane nurses who were interviewed. The CAC has a predication that is expertise in child sexual abuse and is on the local Child Abuse Protective Team and does medical exams at the Child Abuse Advocacy Center.

The facility has a control room and is monitored by security cameras. The facility has gone above and beyond to meet the standard in that they have added extra security cameras and have installed a new intercom and key system. The facility has also put lights in the outside recreation area. The youth are allowed visitation with their case manager, probation officer and attorney. In addition, there were no disabled or limited English proficient juveniles reported or observed by the auditors. The facility teacher has some interpretation skills and the agency has a local interpreter that works with the facility. Both of these interpreters were interviewed. They have had background checks, fingerprints and PREA training.

The Documentation and information provided to the auditors by the PAQ was immaculate. The PAQ documentation provided us with all the information needed to conduct the audit. PREA Policy was developed and implemented. The Detention Center Staff provided us with copies of the Policy. The Detention Center had posters throughout the facility with the 1-800 number to call if the juvenile felt they had been sexually abused or sexually assaulted. There were also postings all around the facility regarding the audit. As auditors we felt the posters exceeded the standard. The posters and notices were in all the housing units, in the hallways, in the visitation area and in the school.

As stated above, we interviewed staff from all three shifts, both front line and supervisory. All staff as well as the above mentioned interviews, could answer everything we asked them regarding PREA by using the PREA questionnaire. The PREA Compliance Manager was more than helpful, had everything organized including training records. We interviewed the intake staff and obtained a copy of the screening instrument which is completed within 72 hours of the juvenile's entry to the center. We were also provided a brochure that the youth are given at intake with the 1-800 number and how to report any sexual abuse/sexual harassment.

The agency administrator was interviewed and was well informed about PREA and very supportive of the PREA

PREA Audit Report

Standards. The PREA Coordinator was also interviewed and had excellent knowledge and skills regarding the PREA standards. Upon completion of the onsite audit, on August 3, 2016 a brief meeting was held with the administrative staff to discuss preliminary audit findings.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

### **Description of facility Layouts:**

Upper East Tennessee Regional Juvenile Detention Center is a secure facility located in Johnson City, Tennessee. UETRJDC is a 12 bed facility serving delinquent youth ages 8-18. UETRJDC has two housing areas, one for boys and one for girls. Rooms are designed for single occupancy. Two rooms are used for isolation, one in each housing unit. Cameras are located throughout the facility.

**SUMMARY OF AUDIT FINDINGS**

Number of standards exceeded: 8

Number of standards met: 32

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### **Policy Review:**

UETRJDC has a written policy mandating zero tolerance; PREA Policy: Prevention of Sexual Assault/Rape.

#### **Interviews, Document Reviews, and Site tour:**

The auditor conducted interviews of specialized staff, random staff and youth.

UETRJDC provided the auditor with an organizational chart which outlines the Administrator as the PREA Compliance Manager and a classification officer as the facility PREA Coordinator. Both indicated they have the time and authority to implement and carry out policy relating to PREA. The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The definitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### **Policy Review: N/A**

UETRJDC is the contracted facility to house residents for Juvenile Justice Programs. They do not contract with other counties.

### **Standard 115.313 Supervision and monitoring**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review:

UETRJDC PREA Policy 5 states, "Facility Administrator, PREA Coordinator and /or Classification Officer will conduct and document unannounced Rounds on all shifts, several times a month to identify and deter staff sexual abuse and sexual harassment. Staff is prohibited from alerting other staff of the conduct of such rounds."

Interviews, Document Reviews, and Site Tour:

UETRJDC provided a copy of their staffing plan. The staffing plan included the following headings: Staff to Youth Ratios, Staff Supervision of Youth, Supervisory Personnel, Video Monitoring System, Applicable Laws, Regulations and Findings, and Staffing Plan Reviews.

The staffing plan meets the ratio of 1:8 during waking hours and 1:16 sleeping hours. Any time that the minimum staffing ratios are not met the circumstances must be documented in an incident report that lists the reason(s) and the duration that minimum staff-to-youth ratio was not met and any actions taken to correct the situation. This includes calling in additional staff to accommodate when indicated. The staffing plan is reviewed by administrative staff on an ongoing basis.

It was reported that there were no deviations from the staffing plan during the review period and that seemed to be supported through interviews and document reviews.

**Standard 115.315 Limits to cross-gender viewing and searches**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review, Interviews:

- a) Cross gender strip searches are prohibited at UETRJDC. This is addressed in the policy. A visual body cavity search is only performed by medical staff.
- b) Cross gender pat down searches are prohibited except in exigent circumstances and must be documented.
- c) The facility has a policy that they must justify any cross gender strip searches, although they have not conducted one in the last 12 months.
- d) The facility has a policy(6) that enables residents to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or incidental viewing during routine room checks. Staff of the opposite sex are required to announce their presence when entering housing areas.
- e) The facility policy prohibits the search of a transgender or intersex resident strictly to determine genital status. If status is unknown, it may be determined by conversation.
- f) Cameras are in use throughout the facility except where residents shower, use the toilet, or undress.

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

- ☒ Exceeds Standard (substantially exceeds requirement of standard)



- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review:

a) UETRJDC has a policy (8)) regarding communication with LEP, deaf, hearing impaired, mentally challenged blind or low vision, or individuals who are impaired intellectually.

Interviews:

The facility has a special education teacher who has developed a protocol to ensure that learning disabled residents understand the PREA concepts. Written materials related to PREA are age appropriate and are offered in a language other than English. The interpreter is also trained in sign language.

The agency does not use resident interpreters.

The agency provides posted signs in Spanish regarding prevention, detection, response and reporting sexual abuse and sexual harassment. These signs are posted throughout the facility.

## **Standard 115.317 Hiring and promotion decisions**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review:

UETRJDC has a policy (8) prohibiting hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents who

- 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C 1997.
  - 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or
  - 3) Has been civilly or administratively adjudicated to have engaged in the activity described above.
- Facility policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of a contractor who may have had contact with residents.
- Facility requires that background checks be conducted every 5 years of current employees and prior to having contact with residents.



### Standard 115.318 Upgrades to facilities and technologies

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

UETRJDC has recently added additional cameras to enhance their monitoring capabilities and to eliminate blind spots. They have installed new locks and a new intercom system. Lights were added in the recreation area.

### Standard 115.321 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### Policy Review:

The facility has a policy that covers uniform evidence protocol for obtaining physical evidence for administrative proceedings and criminal investigations. Protocols exist for informed consent, confidentiality reporting to law enforcement, and reporting to child abuse investigative agencies. Any youth making an allegation is offered a forensic medical examination, that includes a Sexual Abuse Nurse Examiner and at no cost to the youth. The facility provides a victim advocate if requested, and this advocate is available for all interactions during the examinations, investigatory interviews, and for additional support and crisis services. The identified SANE/Safe nurses at the Johnson City Hospital.

#### Interviews:

All staff interviewed had a working understanding of their responsibilities regarding the evidence protocol, timelines, and follow up in the event of an allegation of sexual abuse.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review:

UETRJDC has a policy(Investigations pg.13) ensuring that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

UETRJDC has a policy(Investigations pg 13) requiring allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations including the agency if it conducts its own investigations.

Interviews:

The agency had 0 allegations of sexual abuse or sexual harassment since the implementation of PREA Policy.

**Standard 115.331 Employee training**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review:

UETRJDC has a policy that requires PREA training initially upon employment and a yearly review.

Interviews

Interviews with random staff and specialized staff indicate a comprehensive understanding of all aspects of PREA including:

- 1) The agency's zero tolerance policy for sexual abuse and sexual harassment;
- 2) Their responsibility regarding prevention, detection, reporting and response to sexual abuse and sexual harassment;
- 3) Resident's rights to be free from sexual abuse and sexual harassment;
- 4) Resident's and employee's rights to be free from retaliation for reporting sexual abuse or harassment;
- 5) The dynamics of sexual abuse and sexual harassment in facilities;
- 6) Common reactions of juveniles who are victims of sexual abuse and harassment;
- 7) Ability to detect and respond to signs of threatened abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- 8) How to avoid inappropriate relationships with residents;
- 9) how to communicate effectively with residents, including lesbian, gay, bisexual, transgender intersex, or gender nonconforming residents;
- 10) How to comply with laws regarding mandatory reporting of sexual abuse to outside agencies
- 11) Laws regarding the age of consent.

The facility maintains records of all employee training.

**Standard 115.332 Volunteer and contractor training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review:

UETRJDC policy(Volunteer and Contractor Training pg.7) All volunteers and contractors shall receive training on the following

- a. Understand the Prison Rape Elimination Act and how it pertains to juvenile facilities.
- b. UETRJDC PREA Policies.
- c. UETRJDC has zero-tolerance for sexual abuse and sexual harassment.
- d. How to fulfill individual responsibilities under Agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- e. The right of juveniles to be free from sexual abuse and sexual harassment
- f. How to avoid inappropriate relationships with juveniles.
- g. Recognizing red flags.
- h. Understanding first responder duties.
- i. Understanding shared information guidelines.

Interviews:

Through interviews, the volunteers were able to indicate a good understanding regarding their responsibilities to report, respond, detect and prevent sexual abuse and sexual harassment.

### Standard 115.333 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Policy Review:

- a) UETRJDC Policy(page 6) states that residents receive information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, that the information is age appropriate, and covers residents who are transferred from one facility to another regarding their right to be free from sexual abuse, harassment, or retaliation for reporting. The residents receive this information at intake.
- b) PREA education is available for LEP, deaf, visually impaired, otherwise disabled or have limited reading skills  
Upon intake, residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report it. This is done before the resident is placed in population. Residents are shown an age appropriate video outlining PREA. The information is also available in the resident handbook.

All 5 residents were interviewed during the audit. All youth were interviewed and remembered key elements of the PREA education, including their right to be free from sexual abuse, harassment, and retaliation. They were aware of where to call to report, who to report to, and how to report anonymously.

### Standard 115.334 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review:

UETRJDC Policy(Specialized Training:Investigations pg 7)

In addition to the general training provided to all employees pursuant to 115.331, investigators receive training in conducting investigations in confinement settings to include:

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

This training is documented using form 115.334 Investigator Receipt of PREA.

Interviews:

Investigator staff consists of an investigator with the Johnson City Police Department.. During the interview, he was very astute in his knowledge of his responsibilities and obligations during an investigation. His specialized training consists of techniques for interviewing juvenile sexual abuse victims, proper use of Miranda/Garrity warnings, evidence collection specific to confinement settings, and the required evidence needed to substantiate a case for prosecution or administrative action.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- a) There are no medical or mental health practioners who work regularly at this facility. The medical staff at the facilities that work with this agency have been trained on PREA Policy. The medical and mental health practitioners are SAFE/SANE nurses, a pediatrician that specializes in child sexual abuse and all are part of the CPIT team.

- b) The agency does not conduct medical exams. The medical exams are performed by the SAFE/SANE nurses and the medical practitioner who specializes in child sexual abuse. The medical exams are performed at the Child Advocacy Center or the Johnson City Hospital.
- c) The agency maintains documentation through the CPIT Team that the medical and mental practitioners have been trained.

The CAC director was interviewed as well as the safe/sane nurses at Johnson City Hospital. They were able to articulate the specialized training they received regarding detecting, reporting and responding to sexual abuse and sexual harassment in a confinement setting.

#### Interviews:

The Nurse and Physician were both interviewed during the on site tour at UETRJDC. Both were able to articulate the specialized training they received regarding detecting, reporting and responding to sexual abuse and sexual harassment in a confinement setting. The medical staff do not conduct the forensic exams.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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#### Policy Review/Interviews/Site Visit

UETRJDC Policy( Screening for Risk of Sexual Victimization and Abusiveness pg 8)

Juveniles are screened for risk of sexual victimization or risk of sexually abusing other juveniles within 72 hours of their arrival at the facility.

Any information gathered will be confidential.

Risk assessment is conducted for assaultive behavior, sexually aggressive behavior, and risk for sexual victimization. This will be completed using the Department of Children's Services Assessment, Checklist, and Protocol for Behavior and Victimization.

If screening shows a need for isolation, the facility shall document and explain the reason for these special cases. Every 30 days, the facility shall afford the resident a review to determine whether there is a continuing need for isolation.

Each juvenile's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the juvenile's risk of sexual victimization or abusiveness. Each resident will be reevaluated after 6 months of continual residency at the facility. Classification Officers will use form 115.341.1 PREA Risk Assessment.

Juveniles are not to be disciplined for refusing to answer (or for not disclosing complete information related to ) the following questions:

- a. Whether the juvenile has a mental, physical, or developmental disability.
- b. Whether the juvenile is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming
- c. Whether the juvenile has previously experienced sexual victimization.
- d. The juvenile's own perception of vulnerability.

UETRJDC utilizes a PREA Intake Screening for screening for risk of victimization and abusiveness. Upon review of this screening tool, auditors noted that it accounted for all required elements. Review of youth files and interviews with staff verified that the screening is being done within 72 hours of intake; generally the same day. The files reviewed contained the PREA questions and documentation.

The Screening form accounts for all required elements of 115.341(c).



Screening information seems to be obtained through conversation with residents. Staff who conduct the screening of residents were able to articulate that residents are assessed on a case by case basis. Review of court records, case files, behavior reports, and other relevant documentation is a part of the review process.

The screening is completed by one of 4 classification officers.

#### **Standard 115.342 Use of screening information**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Interviews, Policy Review and site Review:

UETRJDC has a policy regarding Use of Screening Information (pg.9)

Information is obtained during the classification screening, and subsequently, to make housing, bed, program and education assignments for juveniles with the goal of keeping all juveniles safe and free from sexual abuse.

Juveniles may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them from others juveniles safe, and then only until an alternative means of keeping them safe can be arranged. During an period of isolation, juveniles shall not be denied daily large-muscle activity and any legally required educational programming or special education services. Juveniles in isolation shall receive daily visits from Administrator or designee. Juveniles shall also have access to other programs and work opportunities to the extent possible. Programming shall be documented by means of protocol forms, absen of sensitive material, to be kept in resident files so that staff may be aware of the need for special accomodations.

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

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

Placement and programming assignments for each transgender or intersex juvenile shall be reassessed at least twice each year to review any threats to safety experienced by the juvenile using Form 115.341.1 PREA Risk Assessment.

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

#### **Standard 115.351 Resident reporting**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review- Interviews and Site Visit:

UETRJDC policy states:

There are multiple ways for juveniles to report:

- a. Sexual abuse or sexual harassment.
- b. Retaliation by other juveniles or staff for reporting sexual abuse and sexual harassment.
- c. Staff neglect or violation of responsibilities that may have contributed to such incidents.

UETRJDC residents may also report any of the above privately to the Department of Children's Services Abuse Hotline.

Staff accepts reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties.

Staff will make available to residents any tools needed to report abuse.

Staff is required to document verbal reports.

Staff may privately report sexual abuse and sexual harassment of juveniles to DCS Abuse Hotline.

Interviews of staff and residents confirm an understanding of all avenues of reporting.

#### **Standard 115.352 Exhaustion of administrative remedies**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Interviews, Document Review, and Site Tour:

a)1 UETRJDC has an administrative procedure that deals with grievances regarding sexual abuse or sexual harassment. This is done through the grievance process. This is documented in student handbook. All juveniles and staff know about the grievance process

b)1 The facility allows the juvenile to file or submit a grievance anytime regardless of when the incident is alleged to occur. This is documented in the juvenile handbook. The staff and juveniles were aware that the juvenile could file a grievance regardless of when it occurred.

b) 2 UETRJDC Policy allows a juvenile the use of a informal grievance process, a UETRJDC Supervisor is responsible for handling all juvenile grievances and may do so informally

c) 1 UETRJDC allows for a youth to submit a grievance to someone other than submitting to the staff member who is the subject of the complaint. All staff and juveniles interviewed stated this is the procedure and it is located in the student handbook.



- d) 1 UETRJDC allows the supervisor 10 working days to review the grievance and make a decision. If the juvenile does not agree with or accept the decision, they have five working days to appeal to the Administrator, who will then have five working days to make a decision, which far exceeds the PREA standard. Staff and youth interviewed were aware of this procedure. This is documented in the Student Handbook.
- d) 2 In the past 12 months there have been 0 grievances filed that alleged sexual abuse
- d) 3 There were no grievances that alleged sexual abuse in the past 12 months
- d) 4 There were no extensions filed because there were no grievances filed regarding sexual abuse
- d) 5 Again there have been no grievances filed in the past 12 months that allege sexual abuse
- d) 6 The Agency notifies the juvenile when a decision has been made; there have been none in the past 12 months. However, this is documented in the Student Handbook.
- e) 1 Agency policy and procedures are to allow third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates to assist residents in filing request for administrative remedies relating to allegations of sexual abuse and to file on behalf of the juvenile
- e) 2 Agency Policy and procedures require that if a juvenile declines to have third party assistance in filing a grievance alleging sexual abuse, including appeals on behalf of the juvenile, the agency documents the juveniles decision to decline. This is located in the student handbook, being a juvenile an allegation of sexual abuse will be reported irregardless.
- e) 3 UETRJDC Policy allows parents or legal guardians to file a grievance including appeals on behalf of the juvenile; regardless of whether or not the juvenile agrees to having the grievance filed on his behalf in which juveniles declined third-party assistance
- e) 4 There have been no grievances filed during the past 12 months alleging sexual abuse where the juvenile declined third-party assistance. This is documented in the Student Handbook.
- f) 1 The UETRJDC has established a policy for filing an emergency grievance alleging that a juvenile is subject to substantial risk of sexual abuse.
- f) 2 The UETRJDC has established a policy and procedures for emergency grievances alleging substantial risk of sexual abuse require an initial response within 24 hours
- f) 3 There were no grievances filed in the past 12 months that required a 48 hour response
- f) 4 There were no grievances filed therefore no 48 hour response
- f) 5 The agency policy and procedures for emergency grievances alleging substantial risk of sexual abuse or imminent risk of sexual abuse require a final agency decision be made in 5 days
- f) 6 There have been no grievances filed in the last 12 months that would have required a five day response
- g) 1 The agency has a written policy that limits its ability to discipline a juvenile for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the juvenile filed the grievance in bad faith. This is documented in the student Handbook.
- g) 2 In the past 12 months there have been no grievances filed in bad faith. This is documented in the Student Handbook

### **Standard 115.353 Resident access to outside confidential support services**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review, Interviews and Site Review

- a) UETRJDC policy (pg.1) does address victim advocacy or emotional support for victims of sexual abuse. The Detention Center provides juveniles with access to outside victim support services related to sexual abuse by doing the following:
- 1) Gives juveniles (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) or local, state, or national victim advocacy or rape crisis organizations.
  - 2) Gives juveniles (by providing, posting, or otherwise make accessible where available) of immigrant service agencies for persons detained solely for civil immigration purposes.

UETRJDC Policy and Student Handbook. The auditors also talked with staff and youth and they knew that emotional support services are available. There are pamphlets with the 1-800 Hotline number given to the juveniles at intake.

b) 1 The facility informs juveniles, prior to giving them access to outside support services the extent to which communications will be monitored. This is located in UETRJDC Policy and the Student Handbook.

b)2 The facility informs juveniles, prior to giving them access to outside support services, of the mandatory reporting rules privacy confidentiality and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, and local law. This is documented in the UETRJDC Policy and the Student Handbook. The facility has a community mental health agency that works with the juveniles and would be available to a juvenile if a PREA incident occurred, I spoke with a person at the community mental health agency who stated they have a great relationship with UETRJDC. The mental health organization is also a part of the Child Protective Intervention Team.

C The agency maintains an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Again I spoke to a person from the community health organization who would be available if there was a PREA incident at the detention center and is a member of the CPIT Team. There is an MOU with the local mental health agency.

b) 1 The facility provides residents with reasonable and confidential access to their attorneys or legal representation, This is documented in the Student Handbook' This was also documented during interviews with the youth who stated they can call their attorney or visit when needed. The auditors also observed an attorney visiting with a juvenile during the site visit.

C)2 The facility provides juveniles with reasonable access to their parents or legal guardian. This is documented in the Handbook. Interviews with juveniles also documented access to the juveniles parents by visitation or phone calls. The PREA Coordinator also stated that if there were a PREA incident the juvenile would be able to contact their parents or legal guardian.

### Standard 115.354 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### Policy Review:

- a) 1 UETRJDC policy does specifically address the means in which a third party can make reports of sexual abuse/sexual harassment. This is documented in the Student Handbook. There are also posters in numerous places in the facility including the dayroom. The youth are also given pamphlets when they enter the facility on how to report sexual abuse and are given the 1-800 hotline number.
- a) 2 The UETRJDC publically distributes information on how to report juvenile sexual abuse or sexual harassment on behalf of the juvenile. Student Handbook, Posters in the Visitation area with 1-800 hotline number.

### Standard 115.361 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review, Site Visit, Interviews

- a) 1 The agency requires all staff to immediately report and according to agency policy any knowledge suspicion , or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether it is part of the agency or not part of the agency. This is documented in the Juvenile Handbook.
- a) 2 The UETRJDC policy (pg 1) requires all staff to report immediately and according to agency policy any retaliation against juveniles or staff who have reported an incident of retaliation.
- a) 3 The UETRJDC Policy requires all staff to immediately report and according to agency policy any staff neglect or violation of responsibilities that may have contributed to to an incident of or retaliation. UETRJDC Policy Chapter 9.
- b) 1 The UETRJDC requires all staff to comply with any applicable mandatory child abuse reporting laws.
- c) 1 Apart from responding to the designated supervisor s or officials and designated local, state agencies, the agency prohibits staff from revealing any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Interviews with random staff, both front line and supervisory stated they were aware of the above policy and knew they were mandated reporters if there were any incident of child sexual abuse at the facility. There were also posters posted around the facility with the 1-800 Hotline number that clearly gave the information to the staff.

**Standard 115.362 Agency protection duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site Visit

- a) 1 When the detention center becomes aware that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the juvenile ( i.e. it takes some action to to protect the juvenile and implement appropriate protective measures without unreasonable delay). This is documented in UETRJDC Policy (Page 2)

**Standard 115.363 Reporting to other confinement facilities**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

## Policy Review: Interviews: Site Visit

- a) 1 The agency has a policy requiring that, upon receiving an allegation that a juvenile was sexually abused while confined in another facility, the head of the facility must notify the head of the appropriate facility or appropriate office of the agency or facility where the abuse is alleged to occur. This is documented in UETRJDC Policy.
- a) 2 The agency's policy also requires the head of the facility to notify the appropriate investigative body. This is also documented in the UETRJDC Policy.

### Standard 115.364 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

## Policy Review/Site Visit/Interviews

- a) 1 The UETRJDC has a first responder policy for allegations of sexual abuse.  
The facility separates the victim and the abuser  
Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence  
If the abuse occurred within a specific time period that still allows for the collection of physical evidence, request that the victim not take any actions that could destroy any 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 the collection of physical evidence, ensure the alleged abuser does not take any actions to destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.  
This is documented in the UETRJDC Emergency Plan. Interviews with staff also corroborated that they knew the policy and procedure to follow as a first responder including all of the above.
- b) 1 The UETRJDC Policy requires that if the first responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Notify Security Staff. This is documented in the UETRJDC Emergency Plan. Staff interviews also corroborated this in their interviews.
- b) 2 Of the number of times a non-security staff member was a first responder: there were no incidents in the past 12 months at the UETRJDC.
- b) 3 Of those allegations responded to by a non-security staff member, that number of times that staff member:  
Requested the alleged victim not take any actions that could destroy evidence 0  
Notify Security Staff- There were no alleged incidents in the past 12 months at the UETRJDC.

This was also corroborated through interviews with the staff and the PREA Compliance Manager and the PREA Coordinator.

### Standard 115.365 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)



- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Reviews/Interviews/Site Visit

- a) 1 The UETRJDC has a written Emergency Plan (pg.1) to to coordinate actions to an incident of sexual abuse among staff first responders, medical and mental health practionioners , investigators and facility leadership. This is documented in the UETRJDC Emergency Plan.  
This standard was also corroborated by interviews with staff who knew about the Emergency plan.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site Visit

- (a) Neither the agency or any other governmental entitiy responsible for collective bargaining on the agency's behalf shall enter into or renew sny collective bargainng agreement or other agreemensts that limits the agency's ability to remove staff alleged sexual abusers from the contact with juveniles pending the outcome of the investigation or determination of an investigation of whether and to what extent discipline is warranted. UETRJDC Polic document s and does not enter into any type of collective bargaining. This was also verified with the interview with the PREA Compliance Manager.
- (b) Nothing in the standard shall restrict the entering into a renewal of agreements that govern:
1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.372 and 115.376; or
  2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from a or retained in the staff member's personnel file following a determination that the allegation is not substantiated. UETRJDC Policy and interviews with the PREA Compliance Manager both document this standard.

**Standard 115.367 Agency protection against retaliation**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site Visit

- (a) 1 The UETRJDC has a policy to protect all juveniles and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation from retaliation by other juveniles or staff. UETRJDC Policy .
- (b) 2 The agency designates a staff members or charges departments with monitoring of possible retaliation. Supervisory Staff along with the PREA Coordinator are charged with the issue of monitoring for possible retaliation.
- (c) 3 The facility monitors the the conduct or treatment of all juveniles and staff who report sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by juveniles or staff. Throughout their stay at the facility.
- (c) 4 If yes how long does the facility monitor the conduct or treatment. The PREA Compliance Manager says this is monitored throughout the juveniles stay.
- (c) 5 The facility acts promptly to remedy any retaliation. Yes if there were any retaliation action would be taken immediately. c) 4 The facility continues to monitor beyond 90 days if the initial monitoring indicates a continued need. Yes , but is very unlikely that a juvenile would be at the facility for more then 14 days. UETRJDC is a short term secure facility
- c) 6 The number of times an incident of retaliation occurred during the past 12 months. UETRJDC states there have been no reports of sexual abuse since the implementation of PREA Policy.

**Standard 115.368 Post-allegation protective custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site Visit

a)1 The UETRJDC has a policy that juveniles who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other juveniles safe , and only until an alternative means of keeping all juveniles safe can be arranged and this is documented in the UETRJDC Policy. There have not been any allegations in the past 12 months. Staff and PREA Compliance Manager were all aware of this policy and could articulate their understanding of the policy.

**Standard 115.371 Criminal and administrative agency investigations**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site visit

- (a) UETRJDC Policy ( Criminal and Administrative Investigations (371). states when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports.  
UETRJDC has entered into a agreement to work cooperatively and collaboratively as a multidisciplinary team to ensure an effective coordinated response to child sexual abuse defined in TCA-9-4-213, 37-1-607 .Allegations in this agreement is signed and documented by theWashington County Department of Children's Services Represenative, TheWashington County District Attorney, The Johnson City Police Department, , and Washington County Childrens Advocacy Center ( which represents all CAC Services, such as forensic interview, medical and mental health, and victim advocacy /support components. Washington County does their own administrative investigations if they do not rise to the level of criminal investigations which would fall under the grievance process.
- (b) Where sexual abuse is alleged , the agency shall use investigators who have received special training involving juvenile victims pursuant to standard 115.334. ( members of the CPIT receive special sexual abuse training).
- (c) Investigators shall gather and preserve , direct and circumstantial evidence , including any DNA evidence and any other electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. This is documented in UETRJDC Policy and is also documented in the Washington County Child Protective Investigative Team ( CPIT) Protocol
- (d) The facility shall not terminate an investigation solely because the source of the allegation recants the allegation. This is also documented in UETRJDC Policy.
- (e) When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. UETRJDC works directly with and is a part of the CPIT Team, all interviews would be coordinated to deter any obstacle to criminal prosecution. This is documented in the UETRJDC Policy and CPIT Protocol. This was also coorbarated by interviews with members of the CPIT Team including a detective, a mental health representative, medical personnel and CAC staff, as well as staff of the staff at the UETRJDC.
- (f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. No agency shall require a juvenile who has alleged sexual abuse to submit to a polygraph examination or any other truth telling device as a condition for proceeding with the allegation. This is documented in UETRJDC Policy and CPIT Protocol.
- (g) Administravie Investigations:
  1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse and
  2. Shall be documented in a written report that includes a description of physical testimonial evidence , the reasoning behind credibility assessments and Investigative facts and findings.
- (h) Criminal Investigations shall be documented in written report that contains a thorough description of physical evidence , testimonial and documentary evidence where feasible. This is documented in UETRJDC Policy 371.
- (i) Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. This is documented in the UETRJDC Policy as well as the CPIT Agreement. This was also corroborated by interviews with members of the CPIT Team.
- (j) The agency shall maintain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency., plus five years , unless the abuse was committed by a juvenile resident and applicable law requires a shorter time period. There have been no reports of sexual abuse made at the UETRJDC in the past 12 months. However, juvenile files are stored until the juveniles 23<sup>rd</sup> birthday, so if there were an incident it would be stored until the juveniles 23<sup>rd</sup> birthday. UETRJDC Policy and interview with the PREA Compliance Manager document this as well.
- (k) The departure of the alleged abuser or victim from employment or control the the facility does not provide basis for terminating an investigation. This is documented in UETRJDC and was also corrabated by interviews with detectives and other members of the CPIT Team.
- (l) Any State entity or Department of Justice component that conducts such an investigation shall do so pursuant to the above requirements. Documented by UETRJDC Policy and interviews with CPIT members.
- (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the process of the investigation. This is not usually the case at the UETRJDC, however there could possibly be an investigation by an outside authority and the facility the staff would cooperate with an outside investigation. UETRJDC Policy and interviews with the PREA Compliance Manager cooroborate this information.



### Standard 115.372 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### Policy Review/Interviews/Site Visit

- (a) UETRJDC shall impose no standard of evidence higher than a preponderance of evidence in determining if the allegation of sexual abuse or sexual harassment are substantiated. Documented in UETRJDC Policy ( page 3). The administrative investigation would be done by UETRJDC administrative staff. The PREA Compliance Manager has a certificate of training for PREA Investigations inside a facility. The auditors were provided a copy of this certificate during the Interview with the PREA Compliance Manager.

### Standard 115.373 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### Policy Review/Interviews/Site Visit

- (a) Following an investigation into a juveniles allegation of sexual abuse suffered in the UETRJDC the juvenile shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This is documented in UETRJDC Policy ( Page 1), and in the Student Handbook. The PREA Compliance manager also corroborated this in the interview. There have been no incidents in the past 12 months so there was no documentation in the juvenile files
- (b) If the UETRJDC does not perform the investigation they will request the relevant information from Internal Affairs or other outside agency in order to inform the juvenile. This is documented in UETRJDC Policy and supported by the interview with the PREA Compliance Manager.
- (c) Following a juveniles allegation that a staff member has committed sexual abuse against the juvenile, the facility shall subsequently inform the juvenile ( unless the facility has determined the allegation is unfounded)  
Whenever:
  - 1. The staff member is no longer posted within the juveniles housing unit;
  - 2. The staff member is no longer employed by the facility;
  - 3. The facility learns that the staff member has been indicated on a charge related to sexual abuse within the facility;
  - 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.This information is documented in UETRJDC Policy and corroborated by the PREA Compliance Manager.

- (d) Following a juveniles allegation that he or she has ben sexually abused by another juvenile the facility shall subsequently inform the alleged victim whenever:
1. The agency learns that the alleged abuser has been indicated on a charge of sexual abuse within the facility; or
  2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

This information is documented in the UETRJDC Policy and corroborated by the PREA Compliance Manager.

However, there has not been an allegation of sexual abuse or sexual harassment in the UETRJDC in the past 12 months so there were no reports to review or notfications to review.

- (e) A facility's obligation to report under this standard shall terminate if the juvenile is released from the facility's custody. This is documented in UETRJDC and Coroborated by interview with the PREA Compliance Manager.

### **Standard 115.376 Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### **Policy Review/Interviews/Site Visit**

- (a) UETJDC Disciplinary Policy states employees shall be subject to sanctions up to and including termination for violating facility sexual abuse or sexual harassment policy. Documented by UETRJDC Human Resources Policy and corroborated by the PREA Compliance Manager's interview. There have no reports of sexual abuse or sexual harassment at UETRJDC in the past 12 months therefore there were no disciplinary sanction forms to review.
- (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This is documented in the UETRJDC Human Resources Policy. There have been no reports of sexual abuse against staff in the past 12 months therefore there were no staff terminated for violating the facility's sexual abuse or sexual harassment policies. There were no staff who received sanctions or resigned due to sexual abuse or sexual harassment allegations during the past 12 months. This was corroborated with random staff interviews and interview with the PREA Compliance Manager.
- (c) Disciplinary sanctions for violations of facility 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 members disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. This is documented in the UETRJDC Policy. This was also corroborated in the interviews with the PREA Compliance Manager and other staff interviews. There have been no allegations and no sanctions related to sexual abuse or sexual harassment in the past 12 months. Therefore, there was no documentation to be reviewed.
- (d) All terminations for volunteers of facility sexual abuse or sexual harassment policies, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and relevant to any relevant licensing bodies. This is documented in the UETRJDC Volunteer Handbook. There have been no allegations of sexual harassment or sexual abuse in the past 12 months. Therefore there were no documents to be reviewed. This was also corroborated by interviews with The PREA Compliance Manager and Volunteer interviews.

### **Standard 115.377 Corrective action for contractors and volunteers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site Visit

- (a) UETRJDC Policy states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity is clearly not criminal, and to relevant licensing bodies. This is documented in the UETRJDC Human Resources Policy. All contractors and volunteers go through the same PREA Training as staff and are held to the same standard. Volunteers and Contractors must sign off after they receive the PREA Training and acknowledge ZERO TOLERANCE and the understanding they are held to the same standard as staff up to prosecution. This was also corroborated by The PREA Compliance Manager interviews, interviews with volunteers and contractors.
- (b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with juveniles, in the case of sexual abuse or sexual harassment policies by a contractor or volunteer. This is documented in the UETRJDC Human Resource Policy. There is Zero Tolerance for sexual abuse or sexual harassment by volunteers and contractors and appropriate measures up to prosecution is in place. This was corroborated by interviews with PREA Compliance Manager, Volunteer Interviews and Contractor Interviews.

**Standard 115.378 Disciplinary sanctions for residents**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site Visit

- (a) A juvenile may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that a juvenile has engaged in juvenile on juvenile sexual abuse or following a criminal finding of guilt for juvenile on juvenile sexual abuse. UETRJDC Policy states that juveniles will be held accountable for any offense of sexual abuse with other juveniles. UETRJDC has Zero Tolerance Policy on Sexual abuse. Juveniles are subject to this policy and they are subject to a formal disciplinary procedure, disciplinary sanctions from an administrative finding or a criminal finding of guilt, up to prosecution. This was also corroborated by staff interviews and juvenile interviews as well as interview with PREA Compliance Manager. The youth will have disciplinary action and due process, documented in UETRJDC Policy. There have been no disciplinary sanctions in the past 12 months in regards to sexual abuse or sexual harassment; therefore there were no sanctions to review.
- (b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse. Committed by the juvenile, the juveniles disciplinary history, and sanctions imposed by other juveniles with similar histories. In the event a disciplinary sanction results in isolation of a juvenile, agencies shall not deny the juvenile large muscle exercise daily, or access to legally required education programming or special education services. Residents in isolation shall receive daily visits from medical or mental health care clinician. Juveniles shall also have access to work opportunities to the extent possible. Juveniles who are isolated are allowed one hour of large muscle exercise per day and they are allowed to continue their educational services, as well as be seen by medical staff daily. This was also corroborated by interviews with staff and an interview with the PREA Compliance Manager who stated they have had no youth in isolation due to a PREA incident. They also stated a youth is rarely placed in isolation for more than a couple of hours for de-escalation. In the past 12 months there have been no juveniles placed in isolation due to a sanction for juvenile on juvenile sexual abuse or

sexual harassment.

- (c) The disciplinary process shall consider whether a juveniles mental disabilities or mental illness contributed to his /her behavior when determining what type of sanction, if any shall be imposed. Resident disciplinary sanctions are documented in UETRJDC Policy as well as the Student Handbook. There have been no disciplinary sanctions for sexual abuse /sexual harassment in the past 12 months so there were no sanctions to be reviewed, However, the policy and procedure are in place and documented to consider the juveniles mental disabilities or mental illness when making disciplinary decisions.
- (d) If the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require the juvenile in such interventions as a condition of access to any rewards based behavior management system or other behavioral based incentives, but not as a condition to access general programming or education. The UETRJDC requires all juveniles to receive the mental health services they need . However the UETRJDC is a short term facility and does not offer per say a perpetrator treatment option. This was corroborated by the PREA Compliance Manager Interview.
- (e) The agency may discipline a resident for sexual contact with staff only upon finding out that a staff member did not consent to such contact. This is documented in UETRJDC Policy ( page 14).
- (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged incident occurred shall not constitute lying even if an investigation does not establish sufficient evidence to substantiate the allegation. Documented in UETRJDC Policy ( page 14) documents this part of the standard. The UETRDC prohibits disciplinary action for a report made in good faith.
- (g) An agency may, in it's discretion , prohibit all sexual activity between juveniles and may discipline juveniles for such activity. An agency may not constitute, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Documented in UETRJDC Policy ( page 14) Consensual activity is not considered to be sexual abuse although it violates UETRJDC Policy. Policy and subjects the juvenile to sanctions. There is to be no sexual contact between juveniles at the facility. This is also documented in the Student Handbook and corroborated by student and staff interviews.

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

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### **Policy Review/Interviews/Site Visit**

- (a) If the screening pursuant to 115.341 indicates that a juvenile has experienced prior victimization , whether it occurred, in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. This is documented in UETRJDC Policy ( page 8). The screening instrument at the UETRJDC indicates whether a youth has been sexually abused in the past. If the juvenile disclosing an incident of sexual abuse they will be referred to medical and mental health staff within 14 days of the screening. Since the implementation of PREA Policy there have been several juveniles that disclosed prior sexual abuse during the intake screening, however, UETRJDC has not had any resident request follow up medical or mental health services. Therefore there are no medical or mental health forms available for review.
- (b) If the screening pursuant to 115.341 indicates that a resident has previously perpetrated sexual abuse , whether in an institutional setting or community , staff shall ensure the juvenile is offered a follow-up meeting to ensure that : the juvenile was offered a meeting with a mental health practitioner within 14 days. UETRJDC makes this requirement in policy. There have been no youth that have disclosed prior perpetration during the intake screening at UETRJDC in the past 12 months . Therefore there were no documents to review.
- (c) Any information related to sexual victimization or abusiveness, occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as necessary to inform treatment plans, management decisions, including housing , bed, work, education and program assignments , or as otherwise required by Federal, State or local law. UETRJDC Policy 3 documents the information gained from the intake assessment be given on a need to know basis, for housing, bed, work, educational decisions and to ensure the safety of all the juveniles.



Review of juvenile records did reveal several disclosures of juvenile prior victimization during the past 12 months. All reports to DCS were documented.

- (d) Medical and Mental health practitioners shall obtain informed consent from juveniles before reporting information about prior victimization that did not occur in an institutional setting, unless the juvenile is under the age of 18. UETRJDC houses juveniles between ages 8 and 18. Therefore if there is an allegation made it would have to be reported because the juveniles would be under the age of 18. TCA- Mandatory Reporting Statute and UETRJDC Policy 3 documents this. All staff interviewed knew they were mandatory reporters of child sexual abuse and sexual harassment.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### **Policy Review/Interviews/Site Visit**

- (a) UETRJDC Policy (page 5) states juvenile victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners, according to their professional judgement. This is documented in the UETRJDC agreement with the CPIT Team, which includes medical and mental health professionals. This was also corroborated through interviews with members of the CPIT Team, medical and mental health members, and law enforcement interviews.
- (b) In the event a report of abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to 115.362 and shall immediately notify appropriate medical and mental health practitioners. UETRJDC Policy states that first responders are to make sure the alleged victim is safe. All first responders interviewed could articulate the actions they would take to protect the victim. UETRJDC with their agreement with the CPIT Team includes medical and mental health practitioners, which include safe/sane nurses. These members are available 24/7. The region has 3 Safe/Sane nurses and mental health practitioners on call in case of a sexual abuse incident.
- (c) Juvenile victims of sexual abuse while incarcerated shall be offered timely information about timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care, where medically appropriate. UETRJDC works with the CPIT medical professionals to ensure that alleged victims of sexual abuse are offered timely medical treatment and all of the above if an incident were to occur. The staff at UETRJDC know and could articulate their necessary duties to ensure that the juvenile receive immediate medical care and treatment. Interviews with staff, CPIT members, the medical staff stated they would follow up on any needed medical treatment such as treatment for a STD. The PREA Compliance Manager also corroborated the above as does the documented CPIT agreement with UETRJDC.
- (d) Treatment services shall be provided to the victim, without financial cost regardless if the victim names the abuser or cooperates with any investigation arising out of the incident. UETRJDC Policy (Page 16) and the CPIT Protocol state victims are provided all medical services from an incident of sexual abuse with no financial cost, no matter the circumstances. This was corroborated with member of the CPIT Team who were interviewed, both medical and mental health practitioners.

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

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### Policy Review/Interviews/Site Visit

- (a) The detention center shall offer medical and mental health evaluation and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse in an juvenile facility. UETRJDC Policy 3( page 2) document that juveniles will receive medical and mental health evaluations who have been victimized at any juvenile facility. The CPIT agreement also corroborates this in the agreement. The juvenile would receive evaluations from Safe/Sane nurses and mental health services through the local mental health center which is a member of the CPIT Team. Entites from both these parties were interviewed by the auditors.
- (b) The evaluation and treatment of such victims shall include, as appropriate , follow-up services, treatment plans, referrals for continued care following their transfer to , or placement in, other facilities, or their release from custody. UETRJDC Policy (page 16) document this information. Interviews with medical and mental health staff also confirm this information.
- (c) The facility shall provide such victims with medical and mental health services consistent with community level of care. UETRJDC Policy and CPIT Protocol both document that the juvenile receive care as all community residents.
- (d) Juvenile victims of vaginal penetration while incarcerated shall be offered pregnancy tests. This is documented in UETRJDC Policy 3 and by CPIT Protocol..
- (e) If pregnancy results from conduct specified in paragraph (d) of this section , such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy –related medical services. Medical and Mental health members of the UETRJDC and CPIT Team were interviewed and stated the juveniles would receive all medical services provided by the safe/sane nurses and mental health services by the mental health practioner. There were no incidents of reports of sexual abuse at the UETRJDC therefore there were no juveniles to interview.
- (f) Treatment services of sexual abuse victims while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. This is done by the Safe/Sane nurses during the forensic medical exam. Interviews were conducted with the safe and sane nursing staff the Johnson City Medical Center. staff as well as the CAC where none emergency medical exams are performed by a pediatric Medical specialist who is also member of the CPIT Team. There have been no reports at the UETRJDC after the implementation of PREA Policy therefore there was no other documentation to review.
- (g) Teratment services shall be provided to the victim without financial cost and regardless of whether the victim cooperates with any investigation arising from the incident. This is documented bt UETRJDC ( page 3) and the CPIT Team Agreement. There were no reports after the implementation of PREA Policy verified by the interview with the PREA Compliance Manafer and therefore there were no victims to interview or other documentation to review.
- (h) The facility shall attempt to conduct a mental health evaluation of all known juvenile on juvenile abusers within 60 days of learning of such abuse history and offer treatment which is deemed appropriate by mental helath practioners. Interview with the PREA Compliance Manager, UERJDC is a short term facility. However, services are offered and treatment evaluations may be started at the facility however, most of the time the juvenile will not be at the facility long enough to complete a full evaluation. Although assessments and referrals will be made that may influence treatment and placement.

#### Standard 115.386 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### Policy Review/Interviews/Site Visit

- (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has been substantiated, unless the allegation has been determined to be unfounded. UETJDC Policy (Page 1) There have been no reports of sexual abuse at the UETRDC after the implementation of PREA Policy. However, they have set up a procedure to review an incident if an incident occurs. The PREA Compliance Manager stated the review would occur by her, The PREA Compliance Manager, the PREA Compliance Coordinator, and Agency CEO in order to review what happened and what might have caused the incident and how they could learn how to prevent further incidents from occurring. There were no incidents reported since the PREA Policy was implemented. Therefore there were no other documents to review.
- (b) Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation: There have been no allegations at the UETJDC of sexual abuse after the implementation of PREA Policy and therefore there have been none to review. This information came from the interview with the PREA Compliance Manager.
- (c) The facility shall implement recommendations for improvement, or shall document reasons for not doing so. In the interview with the PREA Compliance Manager she stated there have been no sexual abuse allegations since the PREA Policy was implemented and therefore there have been no reviews. However, UETJDC has this in policy and will definitely review any incident of sexual abuse and look for ways to improve if an incident occurred.

### Standard 115.387 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

#### Policy Review/Interviews/Site Visit

- (a) UERJDC Policy (page 17) states the facility shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident based data shall include, at minimum, the data necessary for all questions from the most recent version of Survey of Sexual Violence conducted by the Department of Justice. (UETJDC Policy Page 2).  
The Agency collects accurate data for every allegation of sexual abuse at facilities under its control using a standardized instrument and set of definitions. UETRDC uses their data system to enter their data. This is an electronic system and all information regarding sexual incidents is where all such incidents are documented. The instrument includes at a minimum the data necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice. There have been no allegations in the UETRDC since the implementation of PREA Policy therefore there was no documentation to review. However the system for review is in place.
- (b) The agency shall aggregate the incident based data at least annually. UETRDC Policy and ELYJENN Policy both require this data to be aggregated annually. There have been no allegations of sexual abuse at the UETRDC and therefore no incidents on the data base.
- (c) The agency shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. UETRDC Policy 3 requires this to be done.
- (e) The agency does not make any contracts with confinement.  
Therefore this is N/A
- (e) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice. The Agency shall provide all data to the Department of Justice from the previous year to the Department of Justice. UETJDC Policy 3.

### Standard 115.388 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)



- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site Visit

- (a) The agency shall review data collected and aggregated pursuant to 115.387 in order to access and improve effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including :
1. Identifying Problem areas;
  2. Taking Corrective Action on an on-going basis ;and
  3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

UETRDC under the scope of the ELYJENN prepares an annual report that reflects all data collected and aggregated pursuant to policy 115.387. in order to make improvements, identify problems and prepares an annual report. Documentation in Policy 3.

**Standard 115.389 Data storage, publication, and destruction**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy Review/Interviews/Site Review

- (a) The agency shall require that data collected pursuant to 115.387 is securely retained. UETRDC Center has a PREA Cabinet in the PREA Compliance Managers Office and any PREA data will be kept in a locked secure file cabinet. Interview with PREA Compliance Manager.( UETJDC Policy page 3).
- (b) The agency shall make all aggregated data from facilities under its control or contracts with readily available to the public at least annually by website by the ELY JENN website. The UETRDC aggregate data will be on the 2016 Website along with their Zero Tolerance Policy.
- (c) Before making Public aggregated data, the agency shall remove all personal identifiers. UETRDC Policy 10 requires this and was corroborated by the PREA Compliance Manager Interview.
- (d) The agency shall maintain data collected pursuant to 115.387 for at least 10 years unless Federal, State or local law requires other. The UETRDC Policy 3 page (5) requires all PREA related data be maintained for at least 10 years.

**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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Martin Harrelson

08/18/2016

Auditor Signature

Date