

PREA Facility Audit Report: Final

Name of Facility: Tennessee Valley Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/06/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 06/06/2022

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	04/14/2022
End Date of On-Site Audit:	04/15/2022

FACILITY INFORMATION	
Facility name:	Tennessee Valley Juvenile Detention Center
Facility physical address:	2216 Missouri Street, Tuscumbia, Alabama - 35674
Facility mailing address:	

Primary Contact	
Name:	TINA JACKSON
Email Address:	tjackson@tvjdc.com
Telephone Number:	2563813520

Superintendent/Director/Administrator	
Name:	TOBEY ROBERTSON
Email Address:	trobertson@tvjdc.com
Telephone Number:	2563813520

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

Facility Characteristics	
Designed facility capacity:	25
Current population of facility:	17
Average daily population for the past 12 months:	185
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	11-18
Facility security levels/resident custody levels:	secure care/close supervision/ temp holding
Number of staff currently employed at the facility who may have contact with residents:	18
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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

Agency Chief Executive Officer Information:	
Name:	Tobey Robertson
Email Address:	trobertson@tvjdc.com
Telephone Number:	2563813520

Agency-Wide PREA Coordinator Information

Name:	Tina Jackson	Email Address:	tjackson@tvjdc.com
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SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-14
2. End date of the onsite portion of the audit:	2022-04-15

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<ol style="list-style-type: none">1. Cramer Children's Center2. Just Detention International3. Alabama Department of Youth Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	25
15. Average daily population for the past 12 months:	18
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	22
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	18
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were selected from all three housing units.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender, race, and ethnicity were considered.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

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

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	0	2
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	2	0	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault
2. TVJDC Policy 4.3.1: Sexual Abuse/Assault/Harassment Training
3. TVJDC Policy 1.29: Administrative Investigations
4. TVJDC Written Institutional Plan
5. TVJDC Organizational Chart
6. TVJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.311 (a)

PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

TVJDC Policy 13.8.1 (pages 1-4) The Prison Rape Elimination Act of 2003 establishes a zero tolerance standard for the incidence of inmate sexual assault and rape; makes prevention of inmate sexual assault and sexual harassment a top priority in each corrections facility; develops/implements national standards for the detection, prevention, and punishment of prison rape; increases available data and information of the incidence of incarcerated juvenile sexual assault and sexual harassment; standardizes the definitions used for data collection; increases accountability of corrections officials who fail to detect, prevent, reduce and punish prison rape; and protects the Eighth Amendment rights of incarcerated juveniles.

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

115.311 (b)

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

TVJDC Policy 13.8.1 (page 1) TVJDC shall designate a PREA Coordinator with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The PREA Coordinator is identified on the organizational chart as the Operations Manager/PREA Coordinator. She confirmed she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

115.311 (c)

N/A

There is no PREA Compliance Manger.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.

115.312	<p>Contracting with other entities for the confinement of residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. TVJDC Management Agreement 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Contract Administrator – N/A <p>Findings (by provision):</p> <p>115.312 (a)</p> <p>PAQ: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit.</p> <p>Tennessee Valley Juvenile Detention Facility does not contract for the confinement of its residents with private agencies or other entities including other government agencies, but does have a management agreement with ElyJenn Detention Services.</p> <p>The management agreement with ElyJenn Detention Services states, "Tennessee Valley Youth Services II, Incorporated, and ElyJenn of NW Alabama, LLC, hereby agree that the Tennessee Valley Juvenile Detention Facility shall adopt and comply with Prison Rape Elimination Act Standards."</p> <p>115.312 (b)</p> <p>The management agreement with ElyJenn Detention Services states, "The following types of Agency Contract Monitoring shall be provided in order to ensure the Contractor is complying with Prison Rape Elimination Act Standards:</p> <ol style="list-style-type: none"> a. An onsite Prison Rape Elimination Act Compliance Officer will be employed by ElyJenn at the Tennessee Valley Juvenile Detention Facility. b. A yearly audit of the Facility will be conducted by the Alabama Department of Youth Services to ensure compliance with the Prison Rape Elimination Act, and the Contractor agrees to review and follow all recommendations of said yearly audit report." <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. TVJDC Written Institutional Plan 3. TVJDC Facility Schematic and Camera Placement 4. Secure Facility Vulnerability Assessment 5. Logbook Entries: Unannounced Rounds 6. TVJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. TVJDC 2022 Staffing Plan (April 6, 2022) 2. Mirror Instillation (May 25, 2022) 3. Window Instillation (May 25, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) 2. PREA Coordinator 3. Intermediate or Higher-Level Facility Staff <p>Site Review Observations:</p> <p>Observations during onsite review of facility</p> <p>Findings (by provision):</p> <p>115.313 (a)</p> <p>PAQ: Since the 2017 PREA audit:</p> <ol style="list-style-type: none"> 1. The average daily number of residents: 18 2. The average daily number of residents on which the staffing plan was predicated: 25 <p>TVJDC Written Institutional Plan (page 3) TVJDC develops a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect juveniles against abuse.</p> <p>The Administrator stated the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.</p> <p>A PREA compliant staffing plan was developed as part of corrective action (April 6, 2022). The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements.</p> <p>115.313 (b)</p> <p>PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ asserts there were no deviations from the staffing plan.</p> <p>The Administrator confirmed the facility maintains appropriate staffing ratios. He ensures a female and male staff is on duty on each shift.</p> <p>115.313 (c)</p> <p>PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0 2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

TVJDC Policy 13.8.1 (page 14) TVJDC shall develop, implement, and document a staffing plan that provides adequate levels of staffing, and where feasible, video monitoring to protect juveniles against sexual assault. Staff/juvenile ratios of a minimum of 1:8 during juvenile waking hours and 1:10 during juvenile sleeping hours shall be maintained, except during limited and discreet exigent circumstances, which shall be fully documented. Male and female staff ratios must be correctly maintained with at least one staff on every shift, of the same sex as the residents housed at the facility.

The Administrator confirmed all deviations would be documented in the supervisor's logbook entries. The documentation would include explanations for non-compliance.

PREA Site Review:

During the onsite tour of the facility the auditor observed the classroom and living units were compliant with required staffing ratios. There were 17 residents in the classroom, supervised by staff, a teacher, and a teacher's aide. The intake area, which includes isolation cells, was observed to be out of line of site of staff.

The facility installed a mirror in the intake area, and a window in the intake door to improve line of site supervision (May 25, 2022).

Corrective action is complete.

115.313 (d)

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

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

TVJDC Policy 13.8.1 (page 14) At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

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

As part of corrective action the facility developed a staffing plan (April 6, 2022). The auditor reviewed the staffing plan for verification it is inclusive of the standard provision requirements.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

TVJDC Policy 13.8.1 (page 14) TVJDC shall implement a practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such practice shall be for all shifts. The inspections will occur in a random and irregular manner, and the Administrator must ensure that all shifts and work days are visited by supervisors several times a month. Documentation of the inspections/visits shall be logged in the Dayroom log books and Security check log. The facility shall prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcements are related to the legitimate operational functions of the facility.

The auditor reviewed documentation showing that unannounced rounds are occurring as required by policy. The facility records the unannounced rounds in the logbook.

An interview with a Supervisor confirmed unannounced rounds are conducted and documented. The unannounced rounds are conducted at different times to prevent staff from alerting other staff.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is not fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

115.313 (a) The facility developed a PREA compliant staffing plan (April 6, 2022).

115.313 (c) The facility installed a mirror in the intake area, and a window in the intake door to improve line of site supervision (May 25, 2022).

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 9.10: Searches 2. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 3. Cross Gender Searches Form 4. Video: Guidance on Cross-Gender and Transgender Pat Searches 5. Training Logs 6. TVJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Opposite Gender Announcements Implemented (April 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents - none <p>Site Review Observations:</p> <p>Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.315 (a)</p> <p>PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0 <p>TVJDC Policy 9.10 (page 2) Cross-gender pat-down, strip and body cavity searches are not permitted, absent exigent circumstances.</p> <p>115.315 (b)</p> <p>PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of cross-gender pat-down searches of residents: 0 2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0 <p>TVJDC Policy 9.10 (page 2) Resident searches will be conducted by the same sex as person being searched. Personnel shall not conduct cross-gender pat-down, strip, or body cavity searches (medical personnel only) except in exigent circumstances.</p> <p>Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search. There is always a male and female staff on duty on each shift.</p> <p>115.315 (c)</p> <p>PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.</p> <p>TVJDC Policy 9.10 (page 2) Staff shall document and justify all cross-gender searches by completing Form 115.315 Cross Gender Searches and submit the form to the PREA Monitor for the facility.</p> <p>115.315 (d)</p> <p>PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.</p>

TVJDC Policy 13.8.1 (page 15) TVJDC staff of the opposite gender will announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing.

Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

Cross-gender announcements were implemented through corrective action (April 2022).

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in the privacy of a bathroom. Additionally, the cells have toilets and sinks. Showers are conducted behind the privacy of a shower curtain.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

TVJDC Policy 9.10 (page 3) Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the juvenile's genital status.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

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

115.315 (f)

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%

TVJDC Policy 9.10 (page 2) All staff shall receive training in effective search techniques.

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs.

The auditor reviewed the training curriculum staff training records for verification the training has been received.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete.

115.315 (d)

Opposite gender announcements were implemented through policy change and staff training (April 2022).

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Pamphlet: What You Should Know About Sexual Abuse, Assault, and Harassment (English, Spanish, Lower Functioning) 3. Flyer: Services for Victims of Sexual Abuse (English and Spanish) 4. Poster: Sexual Assault is an Act of Violence (English and Spanish) 5. Poster: Break the Silence of Abuse (English and Spanish) 6. Poster: Cramer Children's Center (English and Spanish) 7. TVJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Pamphlet: What You Should Know About Sexual Abuse, Assault, and Harassment – formatted for residents with disabilities, low vision, and available in Braille (April 12, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Administrator) 2. Random Sample of Staff 3. Residents (with disabilities or who are limited English proficient) - none <p>Site Review Observations:</p> <p>Observations during onsite review of facility</p> <p>Findings (By Provision):</p> <p>115.316 (a)</p> <p>PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>TVJDC Policy 13.8.1 (page 5) The facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of TVJDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, TVJDC shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The Administrator confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The PREA Coordinator reported the facility has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The PREA Coordinator provided a detailed explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The resident pamphlet has been formatted for residents who have disabilities, low vision and is available in Braille (April 12, 2022).</p> <p>There were no residents identified as having a disability during the onsite phase of the audit.</p> <p>PREA Site Review:</p> <p>The auditor did not observe written materials for residents who have intellectual disabilities or limited reading skills. These materials were developed as part of corrective action.</p> <p>115.316 (b)</p> <p>PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p>

harassment.

TVJDC Policy 13.8.1 (page 5) The facility shall take reasonable steps to ensure meaningful access to all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

TVJDC has three staff fluent in speaking Spanish.

There were no residents identified with limited English proficiency during the onsite phase of the audit.

PREA Site Review:

The auditor observed posters available in English and Spanish. The auditor observed the resident pamphlet is available in English and Spanish.

115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

TVJDC Policy 13.8.1 (pages 5-6) TVJDC shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.

Staff interviews confirmed the agency would use a one of the facility's Spanish speaking staff or professional interpreter. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion and Corrective Action:

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

115.316 (a)

Written materials for residents who have intellectual disabilities or limited reading skills were developed as part of corrective action. The resident pamphlet has been formatted for residents who have disabilities, who have low vision, and is available in Braille (April 12, 2022).

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. TVJDC Policy 3.1: Recruitment and Selection 3. Employment Verification Request Form 4. PREA Employment Questionnaires - New Hires 5. Criminal Background Record Checks 6. Child Abuse Registry Checks 7. TVJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. PREA Employment Questionnaires - Annual Evaluations (April 22, 2022) 2. Criminal Background Record Checks - 5 years (May 25, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Administrative (Human Resources) Staff <p>Findings (By Provision):</p> <p>115.317 (a)</p> <p>PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p>TVJDC Policy 3.1 (page 2) TVJDC shall not hire or promote anyone, or enlist the services of any contractor, who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in such activity.</p> <p>The auditor reviewed PREA Employment Questionnaires for 6 new hires and observed the three (3) questions regarding past conduct were asked and answered.</p> <p>The PREA Coordinator stated the facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.</p> <p>115.317 (b)</p> <p>PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>TVJDC Policy 3.1 (page 2) TVJDC shall consider any incidents of sexual harassment, as defined by PREA, in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with juveniles.</p> <p>The PREA Coordinator stated the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.</p> <p>115.317 (c)</p> <p>PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of persons hired who may have contact with residents who have had criminal background record checks: 6 2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

TVJDC Policy 3.1 (page 2) Before hiring new employees who may have contact with juveniles, TVJDC shall: (1) Perform a criminal background records check; (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The PREA Coordinator stated the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions.

The auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision.

115.317 (d)

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

During the past 12 months:

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

TVJDC Policy 3.1 (page 2) TVJDC shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

The PREA Coordinator stated the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents. Additionally, a sex offender registry check is conducted.

115.317 (e)

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

TVJDC Policy 3.1 (page 2) TVJDC shall conduct criminal background records checks at least every two years on current employees and contractors who may have contact with residents.

The auditor observed background checks were not conducted every two years as required by TVJDC policy or five years as required by the standard. These background checks were conducted through corrective action (May 25, 2022).

115.317 (f)

TVJDC Policy 3.1 (page 2) TVJDC shall also ask all applicants who may have contact with residents directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of the annual performance appraisals of current employees using Form 115.317 PREA Employment/Promotion Questionnaire.

The auditor reviewed PREA Employment Questionnaires for 6 employees and observed the three (3) questions regarding past conduct were asked and answered.

The questionnaires were completed for annual evaluations of existing employees through corrective action. The questionnaire will be completed for new hires, annual evaluations, and promotions (April 22, 2022).

115.317 (g)

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

TVJDC Policy 3.1 (page 2) TVJDC mandates that all employees have a continuing affirmative duty to report any such sexual misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h)

TVJDC Policy 3.1 (page 2) Unless prohibited by law, if inappropriate allegations are founded, the former employee will receive a recommendation of no rehire that may be shared with an institutional employer for whom such the former employee has applied to work.

The PREA Coordinator stated statute allows for a facility to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Conclusion and Corrective Action:

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

115.317 (c) Five year criminal background records checks were completed (May 25, 2022)

115.317 (f) PREA Employment Questionnaires for annual evaluations were completed as part of corrective action. (April 22, 2022)

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Facility Schematics 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Administrator) 2. Superintendent or Designee (Administrator) <p>Site Review Observations: Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.318 (a) PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>The Administrator confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>115.318 (b) PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Administrator confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>Site Review Observations: The auditor reviewed the updates to the video monitoring system.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 4.3.1: Sexual Abuse/Assault/Harassment Training 2. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 3. TVJDC Written Institutional Plan 4. Flowchart: Process for Investigating Sexual Assault Allegations 5. MOU: Cramer Children's Center (SANE Services and Victim Advocacy) 6. A National Protocol for Sexual Assault medical Forensic Examinations 7. Alabama Protocol for the Examination and Treatment of Victims of Sexual Assault 8. Course: Preliminary Investigation - Guidelines for First Responders 9. Course: Interviewing the Victim 10. Course: Law and Investigative Strategy - What Kind of Sexual Assault is This? 11. PREA Confidentiality and the TVJDC Victim Advocate 12. Process for Investigating Sexual Assault Allegations 13. Internal Investigator Receipts of PREA 14. Facility Staff Victim Advocate Receipts of PREA 15. TVJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. MOU: Muscle Shoals Police Department (April 11, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. SAFEs/SANes (Cramer Children's Center) 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.321 (a) and (b)</p> <p>PAQ: The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Criminal sexual abuse investigations are done by the Muscle Shoals Police Department.</p> <p>TVJDC Policy 13.8.1 (page 6) Victims of sexual assault shall be referred under appropriate security provisions to Cramer Children's Center for treatment and gathering of evidence. The facility shall document that the Cramer Children's Center follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that local law enforcement is responsible for conducting sexual abuse investigations.</p> <p>115.321 (c)</p> <p>PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFes) or Sexual Assault Nurse Examiners (SANes). When SANes or SAFes are not available, a qualified medical practitioner performs forensic medical examinations.</p> <p>During the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of forensic medical exams conducted: 0 2. The number of exams performed by SANes/SAFes: 0 <p>The number of exams performed by a qualified medical practitioner: 0</p> <p>Forensic medical examinations are conducted at Cramer Children's Center.</p> <p>TVJDC Policy 13.8.1 (page 11) The facility shall offer all juveniles who experience sexual abuse access to forensic medical</p>

examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs.

TVJDC has a MOU with Cramer Children's Center for SANE services. The auditor contacted the Cramer Children's Center Director. Services would be available to resident victims of sexual abuse at the facility.

Cramer Children's Center serves children under the age of 19 who may have experienced abuse or who may have witnessed a crime or other violent act. These services include Forensic Interview Services, Mental Health Services, Medical Services, Family and Victim Advocate Services, and coordination of investigations by a Multidisciplinary Team.

A medical exam is offered to any child who has allegations or concerns of abuse. Cramer CAC has a pediatric nurse practitioner on staff and is available to perform specialized medical evaluations on site.

115.321 (d) and (e)

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

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

TVJDC Policy 13.8.1 (pages 11-12) The facility shall attempt to make available to the victim a victim advocate via Cramer Children's Center. If a rape crisis volunteer is not available to provide victim advocate services, the agency shall make available to provide these services through a qualified staff member from a community-based organization or a qualified agency staff member that has received Victim Advocacy training. Such training shall be documented on Form 115.321 Confirmation of Receipt of Specialized Training for Victim Advocates.

TVJDC has a MOU with Cramer Children's Center for victim advocacy. The auditor contacted the Cramer Children's Center Director and was informed that if requested by the facility, they would provide victim advocacy services to a victim of sexual abuse. Services would be provided at no cost to the victim.

Additionally, the TVJDC PREA Coordinator is a trained victim advocate. The auditor reviewed training records for confirmation of qualifications.

115.321 (f)

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

The facility established an MOU with the Muscle Shoals Police Department (April 11, 2022). The MOU states, "To the extent the agency is not responsible for administrative or criminal investigations of allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.321 (f) The facility established an MOU with the Muscle Shoals Police Department (April 11, 2022).

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 1.29.1: Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations 2. Investigative Reports 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. MOU: Muscle Shoals Police Department (April 11, 2022) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Administrator) <p>Findings (By Provision):</p> <p>115.322 (a)</p> <p>PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of allegations of sexual abuse and sexual harassment that were received: 4 2. The number of allegations resulting in an administrative investigation: 4 3. The number of allegations referred for criminal investigation: 0 <p>TVJDC Policy 1.29.1 (page 1) It is TVJDC policy to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, and sexual harassment.</p> <p>The Administrator confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>The auditor reviewed investigative reports for four allegations of sexual harassment.</p> <p>115.322 (b)</p> <p>PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at: http://www.elyjenn detention.com/PREA.html.</p> <p>TVJDC has a MOU with the Muscle Shoals Police Department to ensure all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations.</p> <p>115.322 (c)</p> <p>If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>The published investigations policy statement and MOU with the Muscle Shoals Police Department describes the responsibilities of both the agency and the investigating entity.</p> <p>Conclusion and Corrective Action:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. Corrective action is complete.</p> <p>115.322 (a) The facility established an MOU with the Muscle Shoals Police Department (April 11, 2022).</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 1027 633" style="list-style-type: none"> 1. TVJDC Policy 4.3.1: Sexual Abuse/Assault/Harassment Training 2. TVJDC PREA Training Curriculum 3. TVJDC PREA PowerPoint 4. Staff PREA Video 5. Pamphlet: What Staff Should Know About Sexual Misconduct with Juveniles 6. Staff Reporting Poster 7. Staff Receipt of PREA 8. Staff Training Records 9. TVJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 665 363 692">Interviews:</p> <ol data-bbox="240 696 517 723" style="list-style-type: none"> 1. Random Sample of Staff <p data-bbox="240 754 504 781">Findings (By Provision):</p> <p data-bbox="240 790 360 817">115.331 (a)</p> <p data-bbox="240 822 1302 848">PAQ: The agency trains all employees who may have contact with residents on the eleven required topics.</p> <p data-bbox="240 880 1299 907">TVJDC Policy 4.3.1 (pages 1-2) Sexual abuse/assault/harassment training shall cover the following areas:</p> <ol data-bbox="240 911 1485 1375" style="list-style-type: none"> 1. TVJDC zero-tolerance on sexual abuse/assault and harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Juvenile's right to be free from sexual abuse and sexual harassment; 4. The right of juveniles and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and sexual harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between juveniles; 8. How to avoid inappropriate relationships with juveniles; 9. How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming juveniles; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. <p data-bbox="240 1379 1398 1406">The auditor reviewed staff training records for 2021. Staff interviewed reported receiving the training topics annually.</p> <p data-bbox="240 1438 1493 1498">The auditor reviewed the training curricula, PowerPoint, staff pamphlet, and staff poster to verify the eleven training topics are covered.</p> <p data-bbox="240 1529 363 1556">115.331 (b)</p> <p data-bbox="240 1561 1458 1621">PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p data-bbox="240 1653 1485 1713">TVJDC Policy 4.3.1 (page 2) Such training shall be tailored to the unique needs and attributes of residents and to the gender of the residents at the facility.</p> <p data-bbox="240 1744 360 1771">115.331 (c)</p> <p data-bbox="240 1776 1481 1870">PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually</p> <p data-bbox="240 1901 1485 2063">TVJDC Policy 4.3.1 (page 2) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training at a minimum of every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p data-bbox="240 2094 1449 2154">The auditor reviewed the training curricula and staff training records for 2021. Additionally, information is readily available through the staff pamphlet and staff poster.</p>

115.331 (d)

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

TVJDC Policy 4.3.1 (page 2) Facilities shall document, through employee signature that employees understand the training they have received. Documentation shall be maintained on Form 115.331 Staff Confirmation of Receipt of PREA Training.

The auditor reviewed staff training records for 2021. The auditor observed staff sign that they have received training on the Staff Receipt of PREA.

Conclusion:

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

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. TVJDC Policy 4.3.1: Sexual Abuse/Assault/Harassment Training
2. Volunteer and Contractor Receipts of PREA Training
3. TVJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Volunteers or Contractors who have Contact with Residents

Findings (By Provision):

115.332 (a)

PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 4

TVJDC Policy 4.3.1 (page 4) TVJDC shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The auditor reviewed the training curricula and found it to be inclusive of the training requirements.

The auditor observed training topics include:

1. Understanding the Prison Rape Elimination Act of 2003 (PREA) and how it pertains to juvenile facilities.
2. TVJDC has a zero-tolerance for sexual abuse and sexual harassment
3. Policy 13.8.1
4. How to fulfill individual responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
5. The right of juveniles to be free from sexual abuse and sexual harassment.
6. How to avoid inappropriate relationships with detainees
7. Recognizing red flags
8. Understanding first responder duties
9. Understanding shared information guidelines

The auditor reviewed training records for volunteers and contractors.

The auditor interviewed two volunteers. They both stated they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, per agency policy and procedure.

115.332 (b)

PAQ: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

TVJDC Policy 4.3.1 (page 4) TVJDC shall provide training to volunteers and contractors based on the services they provide and level of contact they have with juveniles, but all volunteers and contractors who have contact with juveniles shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor interviewed two volunteers. They both reported being trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.332 (c)

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

TVJDC Policy 4.3.1 (page 4) TVJDC shall maintain documentation confirming that volunteers and contractors understand the training they have received using Form 115.332 Volunteer and Contractor Confirmation of Receipt of PREA Training.

The auditor reviewed volunteer and contractor training records with signatures acknowledging they understand the training they have received.

Conclusion:

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

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Resident Rulebook 3. PREA Video 4. Resident PREA Intake Binder 5. Juvenile Confirmation of Receipt of PREA 6. Resident PREA Education 7. Pamphlet: What You Should Know About Sexual Abuse, Assault, and Harassment (English, Spanish, Lower Functioning) 8. Poster: Sexual Assault is an Act of Violence (English and Spanish) 9. Poster: Break the Silence of Abuse (English and Spanish) 10. TVJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Pamphlet: What You Should Know About Sexual Abuse, Assault, and Harassment – formatted for residents with disabilities, low vision, and available in Braille (April 12, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.333 (a)</p> <p>PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.</p> <p>Of residents admitted during the past 12 months, the number who were given this information at intake: 292</p> <p>TVJDC Policy 13.8.1 (page 4) During the intake process, juveniles shall receive information explaining, in an age appropriate fashion, the TVJDC zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Juveniles shall be given at intake “Sexual Assault and Abuse: What You Should Know” binder.</p> <p>The auditor reviewed the Juvenile Confirmation of Receipt of PREA for 26 residents present during the 12 month audit period and residents interviewed. The receipt indicates the residents received the information at intake.</p> <p>115.333 (b)</p> <p>PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 292</p> <p>TVJDC Policy 13.8.1 (page 5) Juveniles shall be explained their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The “What You Should Know About Sexual Abuse & Assault” pamphlet is attached to the resident rule book that is given to all new intakes and said pamphlet shall be made available in each living unit.</p> <p>Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education during intake. Additionally, they reported they watch the PREA video daily.</p> <p>The auditor reviewed the Juvenile Confirmation of Receipt of PREA for 26 residents present during the 12 month audit period and residents interviewed. The receipt indicates the residents received the information at intake.</p> <p>115.333 (c)</p> <p>PAQ: All residents were educated within 10 days of intake.</p> <p>The Supervisor, interviewed as Intake Staff, stated the residents are educated on the agency’s zero-tolerance policy on</p>

sexual abuse and sexual harassment. Residents receive a rulebook and PREA information at intake and watch a PREA video in class.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

TVJDC Policy 13.8.1 (page 5) TVJDC shall provide juvenile orientation in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills.

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

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

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

The PREA Coordinator provided a detailed explanation of how residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and who have speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The resident pamphlet has been formatted for residents who have disabilities, low vision and is available in Braille (April 12, 2022) The facility has a contract for interpreting services. Posters and pamphlets are in English and Spanish.

115.333 (e)

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

TVJDC Policy 13.8.1 (page 6) Orientation is documented using the Juvenile Confirmation of Receipt of PREA.

The auditor reviewed the Juvenile Confirmation of Receipt of PREA for 26 residents present during the 12 month audit period and residents interviewed.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

TVJDC Policy 13.8.1 (page 6) In addition to providing such education, facility PREA Monitors shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Power Point presentations and You Tube video " PREA What You Need to Know" will be presented Monday through Friday in the mornings and afternoon in presenting PREA education to the residents.

The auditor observed posters (English and Spanish) posted throughout the facility that contain information about PREA, including how to report sexual abuse and sexual harassment, as well as an external hotline phone number and contact information for outside emotional support services. Also, the youth are given the "What You Should Know About Sexual Abuse and Sexual Harassment pamphlet" and a Resident Rulebook.

Conclusion and Corrective Action:

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

115.333 (d)

The What You Should Know About Sexual Abuse, Assault, and Harassment pamphlet has been formatted for residents with disabilities, low vision, and is available in Braille (April 12, 2022).

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 4.3.1: Sexual Abuse/Assault/Harassment Training 2. Investigator Training Records and Certificates 3. Internal Investigator Receipts of PREA Training 4. NIC Training Certificates - PREA: Investigating Sexual Abuse in a Confinement Setting 5. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Investigative Staff (Administrative Investigations) <p>Findings (By Provision):</p> <p>115.334 (a)</p> <p>PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>TVJDC Policy 4.3.1 Policy (page 2) It is TVJDC policy that in addition to the general training provided to all employees, facilities shall ensure that, to the extent the facility itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings.</p> <p>An interview with the Assistant Director/PREA Coordinator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She stated he received the training required by §115.331 and completed NIC specialized training topics.</p> <p>The auditor reviewed annual training required by §115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the Administrator and Assistant Director/PREA Coordinator.</p> <p>115.334 (b)</p> <p>TVJDC Policy 4.3.1 Policy (page 3) Specialized training shall include:</p> <ol style="list-style-type: none"> a. Techniques for interviewing juvenile sexual abuse victims; b. Proper use of Miranda and Garrity warnings; c. Sexual abuse evidence collection in confinement settings; and d. The criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p>Training is accomplished through online training presented by the National Institute of Corrections. An interview with the Assistant Director/PREA Coordinator confirmed she has received the required training.</p> <p>The auditor reviewed training records for verification.</p> <p>115.334 (c)</p> <p>PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 2</p> <p>TVJDC Policy 4.3.1 Policy (page 3) Facilities shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations using Form 115.334 Special Investigator Confirmation of Receipt of PREA Specialized Training.</p> <p>The auditor reviewed NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the Assistant Director/PREA Coordinator and Administrator.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 4.3.1: Sexual Abuse/Assault/Harassment Training 2. Contract Medical Receipt of PREA Training 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff <p>Findings (By Provision):</p> <p>115.335 (a)</p> <p>PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 1 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% <p>An Interview with medical staff confirmed receipt of specialized training topics regarding sexual abuse and sexual harassment.</p> <p>The auditor reviewed the Contract Medical Receipt of PREA Training for verification.</p> <p>115.335 (b)</p> <p>PAQ: The TVJDC does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> <p>Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at TVJDC.</p> <p>115.335 (c)</p> <p>PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>TVJDC Policy 4.3.1 (page 3) TVJDC shall maintain documentation confirming that volunteers and contractors understand the training they have received using Form 115.332 Volunteer and Contractor Confirmation of Receipt of PREA Training.</p> <p>The auditor reviewed the Contract Medical Receipt of PREA Training for verification.</p> <p>115.335 (d)</p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.</p> <p>TVJDC Policy 4.3.1 (page 3) TVJDC shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>The auditor reviewed the training curriculum, training certificates, and training records for verification.</p> <p>TVJDC shall provide training to volunteers and contractors based on the services they provide and level of contact they have with juveniles, but all volunteers and contractors who have contact with juveniles shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The auditor reviewed the Contract Medical Receipt of PREA Training for verification.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Risk Assessment 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization (April 12, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Staff Responsible for Risk Screening 3. Random Sample of Residents <p>Findings (By Provision):</p> <p>115.341 (a)</p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 237 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100% <p>The policy requires that a resident's risk level be reassessed periodically throughout their confinement.</p> <p>TVJDC Policy 13.8.1 (page 6) All juveniles shall be screened at the facility during the intake process for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.</p> <p>The PREA Coordinator, interviewed as Staff Responsible for Risk Screening, confirmed she screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Resident's risk levels are reassessed within 90 days.</p> <p>The screening instrument was updated April 12, 2022, to be fully inclusive of all of the required criteria. The updated screening instrument indicates if it is an initial risk screen or reassessment.</p> <p>Ten (10) residents were interviewed with the resident interview questionnaire. Ten of the ten residents confirmed they were asked questions like the following examples with the updated risk screen:</p> <ol style="list-style-type: none"> 1. Have you have ever been sexually abused? 2. Do you identify with being gay, bisexual, or transgender? 3. Do you have any disabilities? 4. Do you think you might be in danger of sexual abuse at the facility? <p>The auditor reviewed twenty risk screens for residents who entered the facility during the twelve-month audit period, prior to the risk screen being updated. Of the twenty initial risk screens reviewed the auditor, the auditor could not definitively determine they were completed within 72 hours of admission. The updated risk screening tool indicates day of admission and date of assessment to easily demonstrate the assessments are completed within 72 hours of admission. The auditor reviewed six additional assessments that were conducted with the updated tool. Two were for initial assessments and four were for reassessments. The initial assessments were completed within 72 hours of the resident's admission.</p> <p>115.341 (b)</p> <p>PAQ: Risk assessment is conducted using an objective screening instrument.</p> <p>The auditor observed the updated objective screening instrument and six examples to determine it has been fully</p>

implemented.

115.341 (c)

TVJDC Policy 13.8.1 (page 6) At a minimum, TVJDC shall attempt to ascertain information about:

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

The auditor reviewed the facility's risk screening instrument and discovered the following items prescribed by the PREA standard were missing:

1. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse:
2. Current charges and offense history;
3. Level of emotional and cognitive development
4. Intellectual or developmental disabilities
5. Physical disabilities
6. The resident's own perception of vulnerability
7. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents

The PREA Coordinator updated the risk screening instrument to be fully inclusive of all criteria prescribed by the PREA standard (April 12, 2022). The auditor reviewed the updated Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization and found it to be inclusive of the required information.

115.341 (d)

TVJDC Policy 13.8.1 (page 6) This information shall be ascertained through conversations with the residents during the intake process and other relevant documentation from the resident's files or juvenile probation officer.

The PREA Coordinator stated the information is ascertained through conversations with residents during intake and reviewing information contained in their case files, facility records, court records, IEP's, etc.

115.341 (e)

The PREA Coordinator confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation. The risk assessments are maintained in her office and are available on a need to know basis.

Conclusion and Corrective Action:

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

115.341 (c) The risk screening instrument was updated to be fully inclusive of all items prescribed by the PREA standard (April 12, 2022).

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Guidelines for PREA Shared Information 3. Sexual Offence Administrative Program (SOAP) Watch Status 4. Staff Alerts 5. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) 2. PREA Coordinator 3. Staff Responsible for Risk Screening 4. Staff who Supervise Residents in Isolation 5. Medical Staff 6. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none 7. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – none <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.342 (a)</p> <p>PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>TVJDC Policy 13.8.1 (pages 6-7) Facilities shall use all information obtained from the Intake Screening to make housing assignments for juveniles with the goal of keeping all residents safe and free from sexual abuse.</p> <p>Should the assignment identify a juvenile who requires special housing/bed, this information shall be forwarded to the Shift Supervisor and PREA Monitor for appropriate room assignment and completion of a Staff Alert. The Education services and Supervisors will strictly enforce the staff alert during all programs including daily activities to ensure the goal of keeping all residents safe and free from sexual abuse.</p> <p>Should a housing recommendation be impossible to accommodate due to lack of available beds, the facility PREA Monitor shall create and implement a written plan of action to insure proper supervision of the juvenile in question. This plan shall be shared with all supervisory staff within the facility and a copy shall be placed in the juvenile's administrative file. Every effort shall be made to ensure that sensitive information is not exploited to the juvenile's detriment by staff or other juveniles.</p> <p>The auditor reviewed the Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior, and Risk for Victimization form. The form indicates if special housing is required based on risk level. Additionally the facility uses a staff alert list and the Sexual Offence Administrative Program (SOAP) Watch Status to monitor residents who are at a higher risk for victimization. The auditor observed the facility uses an assigned seating chart, based on risk, with the goal of keeping residents safe and free from sexual abuse during education and programming.</p> <p>115.342 (b)</p> <p>PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents at risk of sexual victimization who were placed in isolation: 0 2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0 3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A <p>TVJDC Policy 13.8.1 (page 7) Residents alleging sexual assault may be isolated from others only as a last resort when less</p>

restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all juveniles safe can be arranged. During any period of isolation, facilities shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from the Administrator or designee. Residents shall also have access to other programs and work opportunities to the extent possible. Documentation shall be maintained by Assistant Administrator for these Special Management cases.

The Administrator confirmed residents are only isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. He stated there have been no recent circumstances in which isolation was used to protect a resident who has alleged to have suffered sexual abuse.

The PREA Coordinator, interviewed as staff who supervise residents in isolation, reported when residents are placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they still have access to programs, privileges, and education (to the extent possible). The facility does not offer work opportunities.

The medical staff stated they would meet with clients who are in isolation as requested.

During the site review the auditor observed the two isolation cells. The cells were unoccupied.

115.342 (c)

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

TVJDC Policy 13.8.1 (page 8) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall facilities consider lesbian, gay, bisexual, transgender, or intersex identification status as an indicator of likelihood of being sexually abusive.

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

No residents identified as lesbian, gay, bisexual, transgender, or intersex.

During the site review the auditor observed there are no special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

115.342 (d)

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

TVJDC Policy 13.8.1 (page 8) In deciding whether to assign a transgender or intersex juvenile to housing for male or female juveniles, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems.

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

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

115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

TVJDC Policy 13.8.1 (page 8) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the juvenile using Form 115.341.1 PREA Risk Reassessment.

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

115.342 (f)

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

TVJDC Policy 13.8.1 (page 8) A transgender or intersex juvenile's own views with respect to his or her own safety shall be given serious consideration in determining safety issues.

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

115.342 (g)

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

TVJDC Policy 13.8.1 (page 8) Transgender and intersex residents shall shower separately from other juveniles.

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

During the site review the auditor observed the showers. Transgender and intersex residents would be given the opportunity to shower separately from other residents. They could shower at a different time or in another area such as intake.

115.342 (h)

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

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

No residents at risk of sexual victimization were held in isolation in the past 12 months. TVJDC has not used isolation for residents at risk of sexual victimization.

115.342 (i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

No residents at risk of sexual victimization were held in isolation in the past 12 months. TVJDC has not used isolation for residents at risk of sexual victimization.

Conclusion:

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 304 376 331">Documents:</p> <ol data-bbox="240 338 914 600" style="list-style-type: none"> 1. TVJDC Policy 1.28: Resident Grievance Procedure 2. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 3. TVJDC Written Institutional Plan 4. Resident PREA Education Videos 5. Resident PREA Posters (English and Spanish) 6. Resident PREA Pamphlets (English, Spanish) 7. Resident Rulebook 8. TVJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 629 584 656">Documents (Corrective Action):</p> <ol data-bbox="240 663 1131 689" style="list-style-type: none"> 1. Telephone System Programmed to Allow Reporting to Outside Entities (April 26, 2022) <p data-bbox="240 719 363 745">Interviews:</p> <ol data-bbox="240 752 751 882" style="list-style-type: none"> 1. PREA Coordinator 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse (none) <p data-bbox="240 911 528 938">Site Review Observations:</p> <p data-bbox="240 945 762 972">Observations during on-site review of physical plant</p> <p data-bbox="240 1001 505 1028">Findings (By Provision):</p> <p data-bbox="240 1034 363 1061">115.351 (a)</p> <p data-bbox="240 1068 1461 1162">PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 1191 1493 1285">TVJDC Policy 13.8.1 (page 2) The facility shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="240 1314 1461 1476">TVJDC Policy 13.8.1 (page 8) Juveniles who are victims of sexual abuse/assault/harassment have the option to report the incident to any staff member in addition to immediate point-of-contact line staff member. Juveniles may use the Youth Grievance Form, available in each living unit, to report sexual abuse/harassment, or they may make a verbal report to any employee of TVJDC. Juveniles or others may report allegations via a Sexual Assault Hotline 1-855-332-1594 that may be accessed 24 hours a day or the Rape Response Hotline that is able to be accessed 24 hours a day as well.</p> <p data-bbox="240 1505 1482 1666">Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number, writing a grievance, or telling staff. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, telling administration, calling the hotline, or writing a grievance.</p> <p data-bbox="240 1695 1262 1722">The auditor observed reporting information is available in the resident rulebook, pamphlet and posters.</p> <p data-bbox="240 1751 363 1778">115.351 (b)</p> <p data-bbox="240 1785 1477 1852">PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p data-bbox="240 1881 1238 1908">The PAQ indicates the facility does not hold residents detained solely for civil immigration purposes.</p> <p data-bbox="240 1937 1461 2004">TVJDC Policy 13.8.1 (page 8) Juveniles or others may report allegations via a Sexual Assault Hotline 1-855-332-1594 that may be accessed 24 hours a day or the Rape Response Hotline that is able to be accessed 24 hours a day.</p> <p data-bbox="240 2033 1485 2157">The PREA Coordinator identified the Alabama Department of Youth Services Hotline as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or</p>

someone else by telling staff, telling administration, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

The auditor tested the telephones and discovered residents could not access outside reporting entities. As part of corrective action, the facility programmed the telephones to allow for anonymous reporting to the DYS hotline and National Sexual Assault Hotline (April 26, 2022).

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: 1 hour

TVJDC Written Institutional Plan (page 10) Staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports.

Staff interviewed confirmed verbal reports would be documented immediately.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The PREA Coordinator confirmed tools, including grievance forms and pencils, are provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. They are available in the classroom. The auditor observed a locked grievance box.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

TVJDC Written Institutional Plan (page 10) Staff may privately report sexual abuse and sexual harassment of juveniles.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by meeting privately with administrative staff, writing a grievance, or calling the hotline.

Conclusion and Corrective Action:

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

115.351 (b) The facility programmed the telephones to allow for anonymous reporting to the DYS hotline and National Sexual Assault Hotline (April 26, 2022).

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 329">Documents:</p> <ol data-bbox="240 338 780 465" style="list-style-type: none"> 1. TVJDC Policy 1.28: Resident Grievance Procedure 2. Grievance Form 3. Resident Rulebook 4. TVJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 499 363 521">Interviews:</p> <p data-bbox="240 530 812 553">Residents who Reported a Sexual Abuse - None present</p> <p data-bbox="240 586 528 609">Site Review Observations:</p> <p data-bbox="240 618 762 640">Observations during on-site review of physical plant</p> <p data-bbox="240 674 504 696">Findings (By Provision):</p> <p data-bbox="240 705 360 728">115.352 (a)</p> <p data-bbox="240 736 1355 763">PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 797 1457 860">The auditor reviewed the Resident Rulebook and verified relevant information is provided. The auditor observed residents can place grievances in a locked grievance box. The grievance box is checked daily.</p> <p data-bbox="240 893 360 916">115.352 (b)</p> <p data-bbox="240 925 1490 1016">PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 1050 1490 1140">TVJDC Policy 1.28 (page 4) TVJDC shall not impose a time limit on when a juvenile may submit a grievance regarding an allegation of sexual abuse. TVJDC shall not require a juvenile to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 1173 1136 1196">The auditor reviewed the Resident Rulebook and verified relevant information is provided.</p> <p data-bbox="240 1229 360 1252">115.352 (c)</p> <p data-bbox="240 1261 1468 1323">PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p data-bbox="240 1357 1482 1447">TVJDC Policy 1.28 (page 4) TVJDC shall ensure that juveniles who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="240 1480 1136 1503">The auditor reviewed the Resident Rulebook and verified relevant information is provided.</p> <p data-bbox="240 1536 360 1559">115.352 (d)</p> <p data-bbox="240 1568 1420 1630">PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p data-bbox="240 1664 469 1686">In the past 12 months:</p> <ol data-bbox="240 1695 1468 1823" style="list-style-type: none"> 1. The number of grievances that were filed that alleged sexual abuse: 0 2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0 3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0 <p data-bbox="240 1856 1485 2112">TVJDC Policy 1.28 (pages 4-5) TVJDC Administration shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by juveniles in preparing any administrative appeal. If necessary, the Administrative Investigator may request an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Administrative Investigator shall notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the grievance process, including the final level, if the juvenile does not receive a response within the time allotted for reply, including any properly noticed extension, the juvenile may consider the absence of a response to be a denial at that level.</p>

115.352 (e)

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

TVJDC Policy 1.28 (page 5) Third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of juveniles. If a third party, other than a parent or legal guardian, files a grievance on behalf of a juvenile, TVJDC Administration may require as a condition of processing the grievance that the alleged victim agree to have the grievance filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the grievance process. If the juvenile declines to have the grievance processed on his or her behalf, TVJDC Administration shall document the juvenile's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

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

TVJDC Policy 1.28 (pages 5-6) Juveniles may file an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse by having a staff contact the Administration on Call (AOC) in the facility. The AOC shall follow their chain of command in reporting to include TVJDC PREA Monitor. After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the AOC shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the facility administrator at which time immediate corrective action may be taken. Administrative Investigators shall provide an initial response within 48 hours, and shall issue a final decision within 5 calendar days. The initial response and final decision shall document the determination whether the juvenile is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352 (g)

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

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

TVJDC Policy 1.28 (page 6) Facilities may discipline a youth for filing a grievance related to alleged sexual abuse/assault/harassment only where the facility demonstrates that the juvenile filed the grievance in bad faith. The facility shall use the regular disciplinary procedures and pre-established sanctions should be applied.

Conclusion:

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Poster: Cramer Children's Center (English and Spanish) 3. MOU: Cramer Children's Center 4. TVJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Cramer Children's Center Poster Updated (April 15, 2022) 2. Telephone System Programmed to Allow Telephone Calls for Outside Emotional Support Service (April 26, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent of Designee 2. PREA Coordinator 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.353 (a)</p> <p>PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ol style="list-style-type: none"> 1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. 2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. <p>The PAQ indicates the facility does not hold residents detained solely for civil immigration purposes.</p> <p>TVJDC Policy 13.8.1 (page 13) TVJDC shall provide juveniles with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between juveniles and these organizations and agencies, in as confidential a manner as possible.</p> <p>Residents are informed of contact information for Cramer Children's Center through printed materials that are posted in the classroom, as well as in each living unit. A telephone number and mailing address are provided. The information is available in English and Spanish.</p> <p>The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with Cramer Children's Center. The auditor contacted the Cramer Children's Center Director and confirmed victim advocacy is available to the youth at the facility.</p> <p>Resident interviews revealed residents were mostly aware there are services available outside of the facility for dealing with sexual abuse if they ever need it. Two residents interviewed were less knowledgeable about the services. The auditor reviewed the poster with them and discussed the services available.</p> <p>115.353 (b)</p> <p>PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>TVJDC Policy 13.8.1 (page 13) TVJDC shall inform juveniles, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>Most residents interviewed knew contacting the sexual abuse hotline or other outside services would be a free call. They knew they could make a call when needed and their conversation would be private. Even though the residents reported their correspondence would be private, they were knowledgeable about mandatory reporting rules if they were to share certain</p>

information that is required to be reported.

For the residents that were less knowledgeable the auditor explained the how communications would be monitored and associated mandatory reporting rules

The auditor tested the telephones and discovered residents could not access outside support services. As part of corrective action, the facility programmed the telephones to allow for calls to outside support services (April 26, 2022). Additionally, the facility updated the poster to include the extent to which such communications will be monitored and mandatory reporting rules (April 15, 2022).

115.353 (c)

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

TVJDC Policy 13.8.1 (page 14) TVJDC shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide juveniles with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The auditor reviewed the MOUs to provide residents with emotional support services related to sexual abuse with Cramer Children's Center. The auditor contacted the Cramer Children's Center Director and confirmed victim advocacy is available to the youth at the facility.

115.353 (d)

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

TVJDC Policy 13.8.1 (page 14) TVJDC shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The Administrator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents have access through telephone calls, personal visits, and video conferencing. Private correspondence through mail is also available.

The PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents have access to their attorney with no restriction. All calls, visits and mail is confidential in relation to attorney client privilege. Free postage is provided for legal mail. Residents have access to visitation and telephone calls with their legal guardian. They are also permitted to write letters.

Residents confirmed the facility allows them to see or talk with their lawyer or another lawyer and they are allowed to talk with that person privately. Residents also confirmed the facility allows them to see or talk with their parents or someone else such as a legal guardian.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.

115.353 (b)

The facility programmed the telephones to allow for calls to outside support services (April 26, 2022).

The facility updated the poster to include the extent to which such communications will be monitored and related mandatory reporting rules (April 15, 2022).

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Written Institutional Plan 2. Parent Letter 3. TVJDC Website: Third-Party Reporting Form 4. Facebook Page 5. TVJDC Pre-Audit Questionnaire (PAQ) <p>§115.354</p> <p>PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>TVJDC Written Institutional Plan (page 12) There is a method to receive third-party reports of juvenile sexual abuse or sexual harassment.</p> <p>The auditor observed the third-party reporting form is available on the agency's website and Facebook page. The form allows someone to report sexual abuse or sexual harassment by submitting the report to the PREA Coordinator.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding third-party reporting. No corrective action is required.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 1.29: Administrative Investigations 2. TVJDC Policy 4.3.1 Sexual Abuse/Assault/Harassment Training 3. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 4. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) 2. PREA Coordinator 3. Random Sample of Staff 4. Medical Staff <p>Findings (By Provision):</p> <p>115.361 (a)</p> <p>PAQ: The agency requires all staff to report immediately and according to agency policy:</p> <ol style="list-style-type: none"> 1. Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. <p>TVJDC Policy 13.8.1 (page 9) Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of sexual assault/harassment that is alleged to have occurred.</p> <p>Interviews with staff confirmed the requirement to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361 (b)</p> <p>PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>TVJDC Policy 1.29 (page 1) It is TVJDC policy that facility personnel shall notify the Administrative Investigators of any allegations of abuse and neglect, sexual misconduct, assaults, deaths, attempted suicides, and special circumstances</p> <p>Staff interviews confirmed they are aware of laws related to mandatory reporting of sexual abuse.</p> <p>115.361 (c)</p> <p>PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>TVJDC Policy 13.8.1 (page 9) Apart from reporting to designated supervisors, Administrative investigators, law enforcement and designated State agencies, staff are prohibited from revealing any information related to a sexual assault report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.</p> <p>Staff interviewed were knowledgeable that TVJDC policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>115.361 (d)</p> <p>TVJDC Policy 4.3.1 (page 4) Any medical or mental health practitioners shall be required to report immediately to designated facility supervisors and officials any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is a part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>An interview with a contracted medical staff confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. They reported they have not become aware of such incidents at</p>

the Tennessee Valley Juvenile Detention Facility.

115.361 (e)

TVJDC Policy 13.8.1 (pages 9-10) Allegations of sexual abuse shall be investigated pursuant to Policy and Procedure 1.29 (Administrative Investigations). Notification of allegations to the juvenile's parents/guardians attorney, or other legal representative shall be given pursuant to the instructions of the Administrator. The Administrative Investigators shall first make a finding regarding the minimal level of credibility of the allegation. If the Administrative Investigators determine the allegation is minimally credible, notification to the parents/guardian, attorney or legal representative, and Muscle Shoals Police Department's Investigative Division shall be made by the Administrator or designee.

The Administrative Investigator or designee shall also report the allegation to the juvenile court retaining jurisdiction over the alleged victim and to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The Administrator stated when the facility receives an allegation of sexual abuse, they report the allegation to the probation officer and law enforcement. If the victim is under the guardianship of the DHR, he stated the allegation would be reported to the probation officer and all other parties as the situation dictates. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the probation officer .

The PREA Coordinator stated when the facility receives an allegation of sexual abuse, they report the allegation to the probation officer, juvenile court, DHR, parent, attorney, and DYS. If the victim is under the guardianship of the DHR, she stated the allegation would be reported to the victim's caseworker. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney. Notifications would be made by the next business day.

115.361 (f)

TVJDC Policy 13.8.1 (page 10) The facility shall report all allegations of sexual assault/harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Administrator confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous sources, are reported to investigators.

Conclusion:

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

115.362	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 1.28: Resident Grievance Procedure TVJDC Organizational Chart 2. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Administrator) 2. Superintendent or Designee (Administrator) 3. Random Sample of Staff <p>Findings:</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>TVJDC Policy 1.28 (page 5) After receiving an emergency grievance alleging a juvenile is subject to a substantial risk of imminent sexual abuse, the AOC shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the facility administrator at which time immediate corrective action may be taken.</p> <p>The Administrator confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include separating the resident from the risk by changing their location until the threat can be dealt with.</p> <p>Staff interviewed stated they would protect a resident who is subject to a substantial risk of imminent sexual abuse by immediately separating the resident from the potential threat.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>
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115.363	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1086 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 376 331">Documents:</p> <ol data-bbox="242 338 914 434" style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Reporting to Other Confinement Facilities Form 3. TVJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="242 463 363 488">Interviews:</p> <ol data-bbox="242 495 703 557" style="list-style-type: none"> 1. Agency Head (Administrator) 2. Superintendent or Designee (Administrator) <p data-bbox="242 586 505 616">Findings (By Provision):</p> <p data-bbox="242 622 362 651">115.363 (a)</p> <p data-bbox="242 656 1490 781">PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p data-bbox="242 810 1458 871">In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0</p> <p data-bbox="242 900 1490 1025">TVJDC Policy 13.8.1 (page 10) Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency, using Form 115.363 Reporting to Other Confinement Facilities.</p> <p data-bbox="242 1059 362 1088">115.363 (b)</p> <p data-bbox="242 1093 1469 1153">PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1182 1490 1243">TVJDC Policy 13.8.1 (page 10) Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1274 362 1303">115.363 (c)</p> <p data-bbox="242 1308 1422 1337">PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="242 1366 1490 1426">TVJDC Policy 13.8.1 (page 10) Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="242 1458 362 1487">115.363 (d)</p> <p data-bbox="242 1491 1474 1583">PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="242 1615 1310 1644">In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p data-bbox="242 1673 1442 1733">TVJDC Policy 13.8.1 (page 10) The facility administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.</p> <p data-bbox="242 1765 1485 1856">The Administrator confirmed when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the Administrator would be contacted, and the investigation would begin. He stated there are no examples of another facility or agency reporting such allegations.</p> <p data-bbox="242 1888 376 1917">Conclusion:</p> <p data-bbox="242 1921 1465 1982">Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. First Responder Guidelines for Sexual Assault at Tennessee Valley Juvenile Detention 3. First Responder Checklist for Sexual Assault Allegations 4. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.364 (a)</p> <p>PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p>Of these allegations:</p> <ol style="list-style-type: none"> 1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: N/A 2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: N/A 3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: N/A 4. The number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: N/A 5. The number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: N/A <p>TVJDC Policy 13.8.1 (pages 10-11) Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; c. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and d. The staff first responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. and then notify supervisor. Refer to Form 115.364 First Responder Checklist and Form 115.364.1 First Responder Guidelines for Sexual Assault. <p>Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p> <p>115.364 (b)</p> <p>PAQ: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be</p>

required to:

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

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

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

Conclusion:

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

115.365	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Written Institutional Plan 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Document (Corrective Action):</p> <ol style="list-style-type: none"> 1. Coordinated Response Plan (April 6, 2022) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) <p>Findings:</p> <p>PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Coordinated Response Plan for Sexual Abuse Allegations is a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigator, and facility leadership.</p> <p>The auditor reviewed the plan and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse. The Administrator confirmed the facility has a Coordinated Response Plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, and facility leadership.</p> <p>Conclusion and Corrective Action:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. Corrective action is complete.</p> <p>The facility developed the Coordinated Response Plan for Sexual Abuse Allegations (April 6, 2022).</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Agency Head (Administrator) <p>Findings (By Provision):</p> <p>115.366 (a)</p> <p>PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Administrator confirmed TVJDC has not entered into or renewed any collective bargaining agreements.</p> <p>115.366 (b)</p> <p>The Administrator confirmed TVJDC has not entered into or renewed any collective bargaining agreements.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 333">Documents:</p> <ol data-bbox="240 338 786 434" style="list-style-type: none"> 1. TVJDC Policy 1.29.3: Protection Against Retaliation 2. Protection Against Retaliation Form 3. TVJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 463 363 490">Interviews:</p> <ol data-bbox="240 495 890 624" style="list-style-type: none"> 1. Agency Head (Administrator) 2. Superintendent or Designee (Administrator) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse - none present <p data-bbox="240 654 505 680">Findings (By Provision):</p> <p data-bbox="240 687 363 714">115.367 (a)</p> <p data-bbox="240 719 1474 781">PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p data-bbox="240 810 1294 837">The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p data-bbox="240 842 746 869">The name(s) of the staff member(s): Tina Jackson</p> <p data-bbox="240 873 959 900">The title(s) of the staff member(s): Assistant Director/PREA Coordinator</p> <p data-bbox="240 929 1474 1030">TVJDC Policy 1.29.3 (page 1) It is TVJDC policy to protect all juveniles and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other juveniles or staff. It is the responsibility of the facility Administrator to designate which staff members are charged with monitoring retaliation.</p> <p data-bbox="240 1059 363 1086">115.367 (b)</p> <p data-bbox="240 1090 1489 1191">The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="240 1220 1474 1346">TVJDC Policy 1.29.3 (page 1) The facility shall employ multiple protection measures, such as housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="240 1375 1457 1500">The interview with the Administrator confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations by separation and placement on a “keep from” list for residents. Staff would have minimal contact with residents who make allegations toward them. Supervisors would monitor the situation. Counseling would be made available.</p> <p data-bbox="240 1529 1485 1695">The Assistant Director/PREA Coordinator stated her role in preventing retaliation against residents and staff who report retaliation would be to monitor, review, document, and secure support services during and after the investigation. She stated measures she would take when she suspects retaliation would include making daily contact, reviewing all disciplinary decisions, reviewing complaints, and notifying residents that retaliation needs to be reported. She stated she would make contact with residents who have reported sexual abuse.</p> <p data-bbox="240 1724 363 1751">115.367 (c)</p> <p data-bbox="240 1756 1452 1856">PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.</p> <p data-bbox="240 1861 1158 1888">The length of time that the agency and/or facility monitors the conduct or treatment: 90 days</p> <p data-bbox="240 1892 1466 1991">The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0</p> <p data-bbox="240 2020 1485 2145">TVJDC Policy 1.29.3 (page 1) For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Monitoring shall be done using Form 115.367: Protection Against Retaliation.</p>

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

The Administrator stated measures he would take when he suspects retaliation would include providing counseling to residents, disciplining residents who retaliate, and suspending or terminating staff who retaliate.

The Assistant Director/PREA Coordinator stated things she looks for to detect possible retaliation includes monitoring related disciplinary complaints or lost privileges, and complaints written or reported. She would monitor resident disciplinary reports and complaints. She stated she would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days, or until released.

115.367 (d)

TVJDC Policy 1.29.3 (page 2) In the case of juveniles, such monitoring shall also include periodic status checks, to determine if levels are lost for legitimate causes.

The Assistant Director/PREA Coordinator stated she is charged with conducting periodic status checks. She would use the Protection Against Retaliation Form.

115.367 (e)

TVJDC Policy 1.29.3 (page 2) If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

The interview with the Administrator confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations by separation and placement on a "keep from" list for residents. Staff would have minimal contact with residents who make allegations toward them.

115.367 (f)

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

TVJDC Policy 1.29.3 (page 2) A facility's obligation to monitor shall terminate if it is determined that the allegation is unfounded.

Conclusion:

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

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) <p>Findings:</p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>TVJDC Policy 13.8.1 (page 9) Residents alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all juveniles safe can be arranged. During any period of isolation, facilities shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from the Administrator or designee. Residents shall also have access to other programs and work opportunities to the extent possible. Documentation shall be maintained by Assistant Administrator for these Special Management cases.</p> <p>The Administrator confirmed the facility has not used segregated housing in this manner. He stated residents would only be isolated from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged.</p> <p>The Assistant Director/PREA Coordinator, interviewed as staff who supervise residents in isolation, reported when residents are placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they still have access to programs, privileges, and education, The facility does not offer work opportunities. Residents are placed in involuntary isolation until an alternative means of separation from likely abusers can be arranged. Residents are placed in involuntary isolation only until an alternative means of keeping all residents safe can be arranged. Residents in isolation would receive visits from medical personnel as needed. The facility would review a resident's circumstances every 30 days to determine if continues placement in involuntary isolation is needed.</p> <p>Isolation has not been used for this purpose.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 1.29: Administrative Investigations 2. TVJDC Policy 4.3.1: Sexual Abuse/Assault/Harassment Training 3. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 4. TVJDC Written Institutional Plan 5. Investigator Training Records and Certificates 6. Internal Investigator Receipts of PREA Training 7. NIC Training Certificates - PREA: Investigating Sexual Abuse in a Confinement Setting 8. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) 2. PREA Coordinator 3. Investigative Staff (Assistant Director/PREA Coordinator) 4. Residents who Reported a Sexual Abuse - none <p>Findings (By Provision):</p> <p>115.371 (a)</p> <p>PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>TVJDC Policy 13.8.1 (page 9) Allegations of sexual abuse shall be investigated pursuant to Policy and Procedure 1.29 (Administrative Investigations).</p> <p>TVJDC Policy 1.29 (page 1) It is TVJDC policy that facility personnel shall notify the Administrative Investigators of any allegations of abuse and neglect, sexual misconduct, assaults, deaths, attempted suicides, and special circumstances (as identified in procedures below). This policy identifies the responsibilities in connection with such allegations and the responsibilities of the Administrative Investigators regarding investigations.</p> <p>The PREA Coordinator confirmed an investigation following an allegation of sexual abuse or sexual harassment is initiated within one hour. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.</p> <p>115.371 (b)</p> <p>Tennessee Valley Juvenile Detention Facility does not conduct criminal investigations.</p> <p>Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.</p> <p>TVJDC Written Institutional Plan (page 14) Trained investigators will conduct investigations.</p> <p>The auditor reviewed annual training required by §115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the Administrator and Assistant Director/PREA Coordinator.</p> <p>The Assistant Director/PREA Coordinator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She confirmed receiving the specialized topics required by the standard provision.</p> <p>115.371 (c)</p> <p>TVJDC Written Institutional Plan (page 14) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p>The Assistant Director/PREA Coordinator stated the first steps she would take in initiating an investigation be to ensure the alleged victim and perpetrator are separated. She would then gather and preserve all evidence, including physical and circumstantial evidence, video surveillance, and conduct interviews. If the investigation indicated the allegation was criminal in nature it would be referred to the Muscle Shoals Police Department.</p> <p>The auditor reviewed investigation reports for four allegations of sexual harassment.</p>

115.371 (d)

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

TVJDC Written Institutional Plan (page 14) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

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

115.371 (e)

TVJDC Written Institutional Plan (page 14) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The Assistant Director/PREA Coordinator confirmed if he were to discover evidence that a prosecutable crime may have taken place, he would consult with local law enforcement before conducting compelled interviews.

115.371 (f)

TVJDC Written Institutional Plan (page 14) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as juvenile or staff.

The Assistant Director/PREA Coordinator stated she judges the credibility of an alleged victim, suspect, or witness based on the evidence and investigative findings on an individual case by case. All reports are investigated. She confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

TVJDC Written Institutional Plan (page 14) Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Assistant Director/PREA Coordinator stated efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include conducting and incident review team meeting. She confirmed administrative investigations are documented. Reports would include all evidence obtained and everything related to the investigation.

There were no cases involving substantiated allegations that were referred for prosecution.

115.371 (h)

TVJDC Written Institutional Plan (page 14) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Criminal investigations are conducted by the Muscle Shoals Police Department.

The Assistant Director/PREA Coordinator would document everything leading up to a referral to law enforcement, including contact made with the Muscle Shoals Police Department Investigators.

115.371 (i)

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

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

TVJDC Written Institutional Plan (page 14) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The Assistant Director/PREA Coordinator stated cases would be referred for prosecution when they are substantiated and it appears a criminal act has taken place.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

TVJDC Written Institutional Plan (page 14) The agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a detainee and applicable law requires a shorter period of retention.

The auditor reviewed investigation reports for two allegations of sexual misconduct and sexual harassment.

115.371 (k)

TVJDC Written Institutional Plan (page 14) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

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

115.371 (m)

TVJDC Written Institutional Plan (page 15) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The Administrator confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation through contact with the PREA coordinator or administration.

The Assistant Director/PREA Coordinator confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. She stated the role she plays when an outside agency investigates an incident of sexual abuse in the facility includes providing all evidence obtained and assisting as requested.

Conclusion:

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

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 1.29.1: Referrals of Sexual Abuse/Assault/Harassment Allegations for Investigations 2. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Investigator <p>Findings:</p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>TVJDC Policy 1.29.1 (page 3) TVJDC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The interview with the Administrative Investigator confirmed this policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 1.29.2: Reporting to Juveniles Following a Sexual Assault 2. Juvenile Notification of Investigative Outcome 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) 2. Investigative Staff 3. Residents who Reported a Sexual Abuse <p>Findings (by provision):</p> <p>115.373 (a)</p> <p>PAQ: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 <p>TVJDC Policy 1.29.2 (page 1) It is TVJDC policy that following an investigation into a juvenile's allegation of sexual abuse suffered in the facility; the Administrative Investigator shall inform the juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The auditor reviewed the Juvenile Notification of Investigative Outcome Form for four allegations of sexual harassment. Residents are informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>115.373 (b)</p> <p>PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0 2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0 <p>TVJDC Policy 1.29.2 (page 2) If the facility did not conduct the investigation, the Administrative Investigator shall request the relevant information from the investigative agency in order to inform the juvenile.</p> <p>115.373 (c)</p> <p>PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:</p> <ol style="list-style-type: none"> 1. The staff member is no longer posted within the resident's unit; 2. The staff member is no longer employed at the facility; 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p>There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.</p> <p>TVJDC Policy 1.29.2 (page 1) Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, the facility shall subsequently inform the juvenile (unless the agency has determined that the allegation is unfounded) whenever:</p> <ol style="list-style-type: none"> a. The staff member is no longer assigned within the juvenile's living unit;

- b. The staff member is no longer employed at the facility;
- c. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- d. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d)

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

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

TVJDC Policy 1.29.2 (page 2) Following a juvenile's allegation that he or she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:

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

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

115.373 (e)

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

In the past 12 months:

- 1. The number of notifications to residents that were made pursuant to this standard: 0
- 2. The number of those notifications that were documented: 0

TVJDC Policy 1.29.2 (page 2) All such notifications or attempted notifications shall be documented using Form 115.373 Juvenile Notification of Investigative Outcome.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents described under this standard are documented.

115.373 (f)

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

TVJDC Policy 1.29.2 (page 2) The facility obligation to report shall terminate if the juvenile is released from the agency's custody.

Conclusion:

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

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. TVJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.376 (a)</p> <p>PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>TVJDC Policy 13.8.1 (page 15) Staff shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies.</p> <p>115.376 (b)</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 <p>TVJDC Policy 13.8.1 (page 15) Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>115.376 (c)</p> <p>PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0</p> <p>TVJDC Policy 13.8.1 (page 15) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.376 (d)</p> <p>PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>TVJDC Policy 13.8.1 (page 15) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>

115.377	<p>Corrective action for contractors and volunteers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) <p>Findings (by provision):</p> <p>115.377 (a)</p> <p>PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>TVJDC Policy 13.8.1 (page 17) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.377 (b)</p> <p>PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The PAQ indicates any violations will result in termination of services.</p> <p>The Administrator stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would include terminating services and referral to law enforcement for investigation and prosecution.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Resident Rulebook 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent or Designee (Administrator) <p>Findings (by provision):</p> <p>115.378 (a)</p> <p>PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 <p>TVJDC Policy 13.8.1 (page 16) A juvenile may be subject to disciplinary sanctions by the Administrator only pursuant to a formal disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse.</p> <p>115.378 (b)</p> <p>PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0 2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A 3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A <p>TVJDC Policy 13.8.1 (page 16) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. In the event a disciplinary sanction results in the isolation of a juvenile, facilities shall not deny the juvenile daily large-muscle exercise or access to any legally required educational programming or special education services.</p> <p>The Administrator stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include administrative segregation, placement on sexual abuse administrative program watch, and potential court ordered mandatory lockdown. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. TVJDC would use isolation if needed.</p> <p>115.378 (c)</p> <p>TVJDC Policy 13.8.1 (page 16) The Administrator shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>The Administrator stated mental disability or mental illness is considered when determining sanctions.</p> <p>115.378 (d)</p>

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

TVJDC Policy 13.8.1 (page 16) The facility may make a recommendation to the county court personnel to which the resident is assigned counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

115.378 (e)

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

TVJDC Policy 13.8.1 (page 16) The facility may discipline a juvenile for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f)

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

TVJDC Policy 13.8.1 (page 16) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g)

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

TVJDC Policy 13.8.1 (page 16) TVJDC prohibits all sexual activity between juveniles and may discipline juveniles for such activity. TVJDC, however, does not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Written institutional Plan 2. Cramer Children's Center: https://cramerchildrenscenter.com/ 3. Follow-up Meetings 4. TVJDC Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Updated Risk Screening Form to Document Follow-up Meetings (April 15, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening <p>Findings (by provision):</p> <p>115.381 (a)</p> <p>PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>The PAQ indicates residents see the facility nurse within 7 days of admission. Mental health issues are referred to the juvenile court probation officer for individual services.</p> <p>In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p> <p>TVJDC Written Institutional Plan (page 17) If the screening indicates that a juvenile has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical health practitioner within 14 days of the intake screening.</p> <p>The auditor contacted the Cramer Children's Center Director. The Center would be able to provide follow-up meetings for prior victims. Services for prior perpetrators would be available from other community resources.</p> <p>The PREA Coordinator, interviewed as Staff Responsible for Risk Screening, stated if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident is offered a meeting with a medial or mental health practitioner within 14 days. Follow-up meetings would be arranged by the court.</p> <p>Four residents were identified as reporting prior sexual victimization during risk screening. Three of the residents stated they were not offered a meeting with a mental health care practitioner within 14 days. The fourth resident stated they continued with counseling arranged prior to entering the detention center.</p> <p>The auditor reviewed documentation of residents being transported to Cramer Children's Center and seen by medical staff.</p> <p>As part of corrective action, the PREA Coordinator updated the risk screening form to improve documenting the follow-up meetings (April 15, 2022). The form states TVJDC offers residents who reports prior victimization of sexual abuse a follow-up meeting with a mental health within 14 days of intake. Resident sign that they accept or decline the meeting.</p> <p>115.381 (b)</p> <p>PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>The PAQ indicates mental health services are arranged through the court system.</p> <p>In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%</p> <p>TVJDC Written Institutional Plan (page 17) If the screening indicates that a juvenile has previously perpetrated sexual abuse,</p>

whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical health practitioner within 14 days of the intake screening.

The PREA Coordinator, interviewed as Staff Responsible for Risk Screening, stated if a screening indicates that a resident has previously perpetrated sexual abuse, the resident is offered a meeting with mental health practitioner through the court system. All residents see meet with medical staff within 7 days of admission.

115.381 (c)

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

The PAQ indicates medical files are only assessed by supervisors and above.

TVJDC Written Institutional Plan (page 17) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Site Review: The auditor observed records are maintained by the PREA Coordinator. The PREA Coordinator stated the individuals who have access to files includes medical staff, supervisors, herself, and the Administrator.

115.381 (d)

PAQ: Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The PAQ indicates informed consent is obtained at intake.

TVJDC Written Institutional Plan (page 17) Medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the juvenile is under the age of 18.

The interview with medical staff confirmed they obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting if residents are 18 or older. The medical staff conformed they are a mandated reporter.

Conclusion and Corrective Action:

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

115.381 (a) The risk screening form was updated to document the follow-up meetings (April 15, 2022).

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. TVJDC Written Institutional Plan 3. MOU: Cramer Children's Center: https://cramerchildrenscenter.com/ 4. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Residents who Reported a Sexual Abuse - none 3. Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.382 (a)</p> <p>PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>TVJDC Written Institutional Plan (page 17) 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 judgment.</p> <p>TVJDC Policy 13.8.1 (page 11) TVJDC utilizes Helen Keller Hospital for emergency medical services. Cramer Children's Center will provide forensic medical examinations for victims of sexual assault.</p> <p>The Medical Staff stated the nature and scope of these services would be determined according to their professional judgment.</p> <p>The auditor contacted the Cramer Children's Center Director. Services would be available to resident victims of sexual abuse at the facility.</p> <p>115.382 (b)</p> <p>PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>TVJDC Written Institutional Plan (page 17) If no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical health practitioners.</p> <p>TVJDC Policy 13.8.1 (page 11) On-site treatment for sexual assault victims shall be limited to emergency measures only in order to stabilize the juvenile without interfering with evidence collection. Documentation shall clearly state all actions taken.</p> <p>Victims of sexual assault shall be referred under appropriate security provisions to Cramer Children's Center for treatment and gathering of evidence. The facility shall document that the Cramer Children's Center follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>115.382 (c)</p> <p>PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of</p>

appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

TVJDC Written Institutional Plan (page 17) Juvenile victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

TVJDC Policy 13.8.1 (pages 12-13) The Facility contracted medical staff shall request the local rape crisis center/hospital to take a history that includes an examination to document the extent of physical injury and to determine if referral to another medical facility and/or services is indicated. The rape crisis center/hospital shall include:

- a. Collection of evidence from the victim, using a kit approved by the appropriate authority;
- b. Giving the evidence collected by the rape crisis center/hospital directly to local law enforcement;
- c. Tests for sexually transmitted diseases (for example, HIV, Gonorrhea, Hepatitis, and other diseases) and provision of counseling, as appropriate; and
- d. Prophylactic treatment and follow-up for sexually transmitted diseases.

When the juvenile returns to the facility the contracted medical staff shall ensure that the juvenile victim received testing to include, but not be limited to: Trichomonas (females), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. If testing did not occur at the rape crisis center/hospital, these tests shall be performed as indicated by the facility contract physician. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility contract physician.

The facility contracted medical staff shall ensure that the aggressor, if a juvenile, shall receive testing to include, but not be limited to: Trichomonas (females), Gonorrhea, Chlamydia, Syphilis, Hepatitis B, and HIV. Medical follow-up shall reflect retesting five to six months after the initial test as indicated by the facility contract physician.

Medical staff confirmed victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

115.382 (d)

PAQ: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

TVJDC Written Institutional Plan (page 17) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Written Institutional Plan 2. MOU: Cramer Children's Center: https://cramerchildrenscenter.com/ 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Residents who Reported a Sexual Abuse – none present <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.383 (a)</p> <p>PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>TVJDC Written Institutional Plan (page 18) TVJDC shall offer medical and mental health care and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse.</p> <p>The auditor observed medical facilities during the site review. Additionally, services are available at Cramer Children's Center.</p> <p>115.383 (b)</p> <p>TVJDC Written Institutional Plan (page 18) The evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>The medical staff interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. Services would include medical treatment and counseling.</p> <p>115.383 (c)</p> <p>TVJDC Written Institutional Plan (page 18) TVJDC shall provide victims with medical and mental health services consistent with the community level of care.</p> <p>The medical staff interviewed confirmed medical and mental health services are consistent with the community level of care.</p> <p>115.383 (d)</p> <p>Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>TVJDC Written Institutional Plan (page 18) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>115.383 (e)</p> <p>PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>TVJDC Written Institutional Plan (page 18) If pregnancy results, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>Cramer Children's Center medical personnel provide information and treatment for possible pregnancy. The medical staff confirmed victims of sexual abuse would be offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.383 (f)</p> <p>PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>TVJDC Written Institutional Plan (page 18) Victims of sexual abuse while incarcerated shall be offered tests for sexually</p>

transmitted infections as medically appropriate.

115.383 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

TVJDC Written Institutional Plan (page 18) TVJDC shall attempt to conduct a mental health evaluation via the court system of all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1086 297">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 306 376 329">Documents:</p> <ol data-bbox="240 338 914 432" style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Sexual Abuse Critical Incident Review Form 3. TVJDC Pre-Audit Questionnaire (PAQ) <p data-bbox="240 463 363 486">Interviews:</p> <ol data-bbox="240 495 703 589" style="list-style-type: none"> 1. Superintendent or Designee (Administrator) 2. PREA Coordinator 3. Incident Review Team <p data-bbox="240 620 501 647">Findings (by provision):</p> <p data-bbox="240 656 360 678">115.386 (a)</p> <p data-bbox="240 687 1477 745">PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.</p> <p data-bbox="240 777 1469 835">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0</p> <p data-bbox="240 866 1477 965">TVJDC Policy 13.8.1 (page 17) The facility PREA Monitor shall conduct a sexual abuse incident review using Form 115.386 Sexual Abuse Critical Incident Review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p data-bbox="240 996 360 1019">115.386 (b)</p> <p data-bbox="240 1028 1417 1086">PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p data-bbox="240 1117 1469 1176">In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p> <p data-bbox="240 1207 1422 1234">TVJDC Policy 13.8.1 (page 17) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 1265 360 1288">115.386 (c)</p> <p data-bbox="240 1296 1414 1355">PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1386 1398 1444">TVJDC Policy 13.8.1 (page 17) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical personnel.</p> <p data-bbox="240 1476 1493 1534">The Administrator confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1574 360 1597">115.386 (d)</p> <p data-bbox="240 1606 1477 1695">PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.</p> <p data-bbox="240 1727 831 1753">TVJDC Policy 13.8.1 (pages 17-18) The review team shall:</p> <ol data-bbox="240 1762 1477 2121" style="list-style-type: none"> a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. Assess the adequacy of staffing levels in that area during different shifts; e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f. Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

The Detention Supervisor was interviewed as a member of the sexual abuse incident review team. The Detention Supervisor confirmed the team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. The team would assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The auditor reviewed the Sexual Abuse Critical Incident Review form.

115.386 (e)

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

TVJDC Policy 13.8.1 (page 18) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Survey of Sexual Victimization Substantiated Incident Form (Juvenile) 3. 2019 Survey of Sexual Victimization Summary Form for Locally or Privately Operated Juvenile Facilities 4. TVJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.</p> <p>TVJDC Policy 13.8.1 (page 18) TVJDC shall collect accurate, uniform data for every allegation of sexual abuse at the facility using the Department of Justice Form SSV-IJ Survey of Sexual Victimization Incident Report, standardized instrument and definition.</p> <p>The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (b) PAQ: The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>The auditor reviewed the aggregated data from 2019-2021.</p> <p>115.387 (c) PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.</p> <p>The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.</p> <p>115.387 (d) PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>There were no reported allegations of sexual abuse.</p> <p>115.387 (e) This standard provision is nonapplicable. TVJDC does not contract for the confinement of its residents.</p> <p>115.387 (f) The Department of Justice (DOJ) did not request data from the previous calendar year.</p> <p>The PAQ indicates the DOJ requested data from 2019. The auditor reviewed the 2019 Survey of Sexual Victimization Summary Form for Locally or Privately Operated Juvenile Facilities.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault
2. Annual Reports (2015-2021)
3. TVJDC Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head (Administrator)
2. PREA Coordinator

Findings (by provision):

115.388 (a)

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

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

TVJDC Policy 13.8.1 (page 18) The PREA Coordinator shall annually review data collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies and practices, and training including:

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

Annual reports are published on the agency's website at: PREA (elyjenn detention.com). Reports are published for 2015 through 2021. The reports are inclusive of annual data comparison and corrective actions. The Administrator confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision.

115.388 (b)

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

TVJDC Policy 13.8.1 (page 18) The Annual PREA Report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of progress in addressing sexual abuse.

The auditor reviewed the annual reports and determined they are inclusive of the standard provision. Tables easily show the reader a comparison of the current year's data and corrective actions to those from prior years.

115.388 (c)

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

TVJDC Policy 13.8.1 (page 18) The Annual PREA Report shall be approved by the Administrator.

The auditor observed the published annual reports at: PREA (elyjenn detention.com)

The reports are approved by the Administrator. This was corroborated by interviewing the Administrator and reviewing the published annual reports.

115.388 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

TVJDC Policy 13.8.1 (page 18) The facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

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

Conclusion:

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

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. TVJDC Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Annual Reports (2015-2021) 3. TVJDC Pre-Audit Questionnaire (PAQ) <p>Findings (by provision):</p> <p>115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p>115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>The TVJDC makes all aggregated sexual abuse data, readily available to the public at least annually through its website www.elyjennndetention.com. Reports are published for 2015 to 2021.</p> <p>The auditor reviewed published annual reports on the agency website.</p> <p>115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>TVJDC Policy 13.8.1 (page 19) When deemed necessary to make aggregated sexual abuse data publicly available, TVJDC shall remove all personal identifiers.</p> <p>The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.</p> <p>115.389 (d) PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>TVJDC Policy 13.8.1 (page 19) All case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the TVJDC record retention schedule.</p> <p>The PREA Coordinator elaborated that the record detention schedule is 10 years.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. TVJDC Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p>Findings:</p> <p>During the three-year period starting on August 20, 2013, and the current audit cycle, the Tennessee Valley Juvenile Detention Facility was audited in 2016 and 2019. The agency is a single facility entity.</p> <p>The auditor was given access to, and the ability to observe, all areas of the Tennessee Valley Juvenile Detention Facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. TVJDC Pre-Audit Questionnaire (PAQ) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p>Findings: All Tennessee Valley Juvenile Detention Facility PREA Audit Reports are published on the agency's website at: www.elyjennndetention.com.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes