

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

Date of Interim Audit Report: August 15, 2020 ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: February 7, 2021

Auditor Information

Name: Robert Burns Latham

Email: RobertBLatham@icloud.com

Company Name: Latham Corrections Consulting LLC

Mailing Address: 677 Idlewild Circle

City, State, Zip: Birmingham, Alabama 35205

Telephone: 205-746-1905

Date of Facility Visit: June 24-25, 2020

Agency Information

Name of Agency: Rutherford County Juvenile Detention Center

Governing Authority or Parent Agency (If Applicable): Tennessee Department of Children's Services

Address: 1710 South Church Street

City, State, Zip: Murfreesboro, TN 37130

Mailing Address: same as physical address

City, State, Zip: Click or tap here to enter text.

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency Website with PREA Information: <http://rutherfordcountyttn.gov/jdc/misconduct-reports.html>

Agency Chief Executive Officer

Name: Judge Donna Scott Davenport

Email: dscott@rutherfordcountyttn.gov

Telephone: 615-217-0061

Agency-Wide PREA Coordinator

Name: Lynn Duke

Email: lduke@rutherfordcountyttn.gov

Telephone: 615-898-7954

PREA Coordinator Reports to:

Judge Donna Scott Davenport

Number of Compliance Managers who report to the PREA Coordinator:

1

Facility Information

Name of Facility: Rutherford County Juvenile Detention Center			
Physical Address: 1710 South Church Street		City, State, Zip: Murfreesboro, TN 37130	
Mailing Address: same as physical address		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Website with PREA Information: http://rutherfordcountyttn.gov/jdc/misconduct-reports.html			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): <input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: none			
Facility Administrator/Superintendent/Director			
Name: Lynn Duke			
Email: lduke@rutherfordcountyttn.gov		Telephone: 615-898-7954	
Facility PREA Compliance Manager			
Name: Clint Thomas			
Email: clintthomas@rutherfordcountyttn.gov		Telephone: 615-898-7954	
Facility Health Service Administrator <input checked="" type="checkbox"/> N/A			
Name: Click or tap here to enter text.			
Email: Click or tap here to enter text.		Telephone:	
Facility Characteristics			
Designated Facility Capacity:		64	
Current Population of Facility:		15	

Average daily population for the past 12 months:	17	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	12-18	
Average length of stay or time under supervision	15 days	
Facility security levels/resident custody levels	secure	
Number of residents admitted to facility during the past 12 months	375	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	295	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	133	
Does the audited facility hold residents for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g., police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other (please name or describe): Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	37	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	7	
Physical Plant		

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p>1</p>
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking Sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>5</p>
<p>Number of single resident cells, rooms, or other enclosures:</p>	<p>48</p>
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	<p>0</p>
<p>Number of open bay/dorm housing units:</p>	<p>2</p>
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>0</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p align="center">Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are mental health services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p> <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe): Click or tap here to enter text. </p>

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- ☐ Facility investigators
☐ Agency investigators
☒ An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- ☒ Local police department
☒ Local sheriff's department
☐ State police
☐ A U.S. Department of Justice component
☐ Other (please name or describe): Click or tap here to enter text.
☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

0

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- ☐ Facility investigators
☐ Agency investigators
☒ An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- ☐ Local police department
☐ Local sheriff's department
☐ State police
☐ A U.S. Department of Justice component
☒ Other (please name or describe): Tennessee Department of Children's Services (DCS)
☐ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of Rutherford County Juvenile Detention Center (RCJDC) was conducted June 24-25, 2020. The governing authority for Rutherford County Juvenile Detention Center is the Tennessee Department of Children's Services (DCS). Rutherford County Juvenile Detention Center is located at 1710 South Church Street, Murfreesboro, TN 37130. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. The facility contacted the auditor regarding the audit and a contract was agreed upon October 10, 2019. There are no known existing conflicts of interest or barriers to completing the audit. The facility was last audited May 16, 2017, with 100% compliance with the PREA Juvenile Standards.

Mission and Goals

The mission of the Rutherford County Juvenile Detention Center is to provide secure detention for status and delinquent youth offenders of Rutherford County and various other contract agencies throughout the State of Tennessee. The Rutherford County Juvenile Detention Center and its staff provide for the care, safety, and protection of youth in an environment that fosters healthy social, emotional, and intellectual development, ensures secure and safe custody, and promotes the health and well-being of the youth detained. Our goals are to assure that the youth placed in detention care receive all necessary and appropriate care and supervision while providing the highest level of public safety.

Audit Methodology Pre-Onsite Audit Phase

Prior to being onsite, the PREA Coordinator, PREA Compliance Manager, and the auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations. The PREA Coordinator and PREA Compliance Manager were very receptive to the audit process and were well informed of the role of the auditor and the expectations during each stage of the PREA audit.

Notice of Audit Posting and Timeline

The audit notice was posted May 14, 2020. The audit notice was posted using a large font and easy-to-read language. The audit notices were mounted on bright neon green paper. The audit notices were placed throughout the facility, in places visible to all residents and staff. Pictures of the posted audit notices were emailed to the auditor on May 15, 2020 for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included the auditor's contact information to enable confidential resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

Pre-Audit Questionnaire (PAQ) and Supporting Documentation

The PAQ was completed on June 20, 2020. Supporting documentation was received on a flash drive. The documentation was organized by standard. The auditor reviewed the PAQ, policy, procedures, and supporting documentation. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined it not to be fully inclusive. Further communication and discussions with the PREA Coordinator and PREA Compliance Manager produced additional information. The auditor, PREA Coordinator, and PREA Compliance Manager held a in depth discussion of the standards, facility policy, and procedures on the first day of the onsite phase of the audit to establish the information and documentation required.

Requests of Facility Lists

RCJDC provided the following information for interview selections and document sampling:

Complete Resident Roster	An up-to-date roster was provided upon arrival to the facility.
Youthful inmates/detainees	N/A
Residents with physical disabilities	None were identified.
Residents with cognitive disabilities	None were identified.
Residents who are Limited English Proficient	None were identified.
Lesbian, Gay, and Bisexual Residents	None were identified.
Transgender or Intersex Residents	None were identified.
Residents in segregated housing	None were identified.
Residents in isolation	None were identified.
Residents who reported sexual abuse	None were identified.
Residents who reported sexual victimization during risk screening	None were identified.
Complete Staff Roster	The staff roster and schedule were provided upon arrival to the facility.
Specialized Staff	Specialized staff were identified on the roster.
All contractors who have contact with the residents	4
All volunteers who have contact with the residents	7
All grievances/allegations made in the 12 months preceding the audit	Three (3) grievance was made for a sexual abuse or sexual harassment allegation.
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	3
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	3
All hotline calls made in the 12 months preceding the audit	The detention center provided a call log. No hotline calls were listed.

External Contacts

The following external contacts were made:

Just Detention International	Just Detention International reviewed their database for records and information and reported no information for the preceding 12 months.
Community Based Organizations (CBOs)	Child Advocacy Center of Rutherford and Cannon County

SAFE/SANE Programs	SANEs are available through St. Thomas Hospital (16 and older) and Our Kids in Nashville.
The Tennessee Department of Children Services Hotline	The auditor contacted the Tennessee Department of Children Services Hotline at 877-237-0004.

Research

Tennessee Mandated Reporter Law - Statutory citation(s): T.C.A. §§ 37-1-401, 37-1-403, 37-1-410, 37-1-412, 37-1-413, 37-1-602, 37-1-605, 40-35-111.

- Who is required to report sexual abuse?
Any person, including, but not limited to, any: Physician, osteopathic physician, medical examiner, chiropractor, nurse or hospital personnel engaged in the admission, examination, care or treatment of persons; Any other health or mental health professional; Practitioner who relies solely on spiritual means for healing; School teacher or other school official or personnel; Judge of any court of the state; Social worker, day care center worker, or other professional child care, foster care, residential or institutional worker; Law enforcement officer; Authority figure at a community facility, including any facility used for recreation or social assemblies for educational, religious, social, health or welfare purposes, including, but not limited to, facilities operated at schools, the boy or girl scouts, the YMCA or YWCA, the boys and girls club or church or religious organizations; or
- When is a report required?
Knowledge or reasonable cause to suspect that a child has been sexually abused, regardless of whether such person knows or believes that the child has sustained any apparent injury as a result of such abuse.
- Where does it go? The local office of the Department of Children's Services (DCS) or to the judge having juvenile jurisdiction or to the office of the sheriff or the chief law enforcement official of the municipality where the child resides. Each report of known or suspected child sexual abuse occurring in a facility licensed by the department of mental health and substance abuse services, or any hospital, shall also be made to the local law enforcement agency in the jurisdiction where such offense occurred.
- What timing and procedural requirements apply to reports?

Reports must be made immediately. Reports may be made via telephone or otherwise, on the Department of Children's Services Central Intake Division hotline at 1-877-237-0004 (1-877-54ABUSE) or online (at: <https://apps.tn.gov/carat/referral/emergency.html>).

Onsite Audit Phase

Entrance briefing

An entrance briefing was held with the Facility Director, PREA Compliance Manager, and the Captain. Introductions were made, the agenda for the two days was discussed. The auditor, PREA Coordinator, and PREA Compliance Manager held an in-depth discussion of the standards, facility policy, and procedures on the first day of the onsite phase of the audit to establish the information and documentation required. The auditor began interviewing residents and staff. During the site review, the auditor was accompanied by the PREA Compliance Manager.

Site review

The auditor had access to, and observed, all areas of the facility. The auditor was provided a diagram of the physical plant during the pre-onsite phase of the audit and was thus familiar with the layout of the facility. The facility consists of one (1) building. There is a central control area with a door locking system and video surveillance system to view forty-five (45) cameras. The facility has three (3) housing units each with sixteen (16) single cells. Each single cell has a sink, toilet, and shower with shower curtain. There are two (2) open bay housing units with eight (8) beds each. There are indoor and outdoor recreation areas, a computer lab, a PBIS snack shack, staff offices, a visitation room, a no-contact visitation room, staff break room, staff training room, large intake area, and two court holding cells. On the first day of the onsite audit the population of the facility was ten (10) juveniles.

Processes and areas observed

The auditor observed the intake and risk screening to better understand the process. PREA posters with reporting information were located throughout the facility. Audit notices were posted throughout the facility as well. Posters describing the grievance process were posted next to resident phones. Staff to juvenile ratios were observed to exceed required ratios. Two cameras were observed to show resident toilets. The auditor requested that the toilets be obscured from view. The facility digitally obscured the toilets and provided the auditor screenshots for verification.

Specific area observations

Wherever residents were present, the auditor observed officers actively supervising the residents.

Exit briefing

An exit briefing was held with the Facility Director and the PREA Compliance Manager. The auditor discussed the onsite audit. The auditor did have some areas of concern and requested additional supporting documentation.

Interviews Logistics

Location and Privacy

Interviews were held in a conference room that provided privacy and was centrally located to minimize disruption of daily activities and programming.

Selection Process

Specialized staff were selected based on their respective duties in the facility. Twelve (12) officers, randomly selected from every shift, were interviewed using the random staff interview protocol. Eight (8) residents, randomly selected from each housing unit, were interviewed using the random resident interview questionnaire. The remaining two (2) residents did not volunteer to be interviewed. There were no residents identified for targeted interviews.

Interview Protocols	Number of Interviews
Administration and Agency Leadership	
Agency Head Designee (Facility Director)	1
Facility Director	1
PREA Coordinator	1
PREA Compliance Manager	1
Specialized Staff	
Medical Staff (Contract)	1
Mental Health Staff (Contract)	1
Non-Medical Staff Involved in Cross-Gender Strip Searches or Visual Body Cavity Searches (if applicable)	N/A
Administrative (Human Resources) Staff	1
Agency Contract Administrator	N/A

Intermediate or Higher-level Facility Staff (unannounced rounds)	1
SAFE and SANE	1
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff who Supervise Residents in Isolation (no isolation)	N/A
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Security Staff First Responders	1
Intake Staff	1
Random Sample of Staff	
First Shift	5
Second Shift	3
Third Shift	3
Split Shift	1
Total Random Sample of Staff	12
Volunteers Contractors who have Contact with Residents	
Volunteers	1
Contractors	2
Residents	
Random Sample of Residents from all Housing Units	8
Targeted Resident Interviews	
Residents who Reported a Sexual Abuse	None identified
Residents with Cognitive Disabilities	None identified
Residents with Physical Disabilities	None identified
Limited English Proficient Residents	None identified
Gay, Lesbian, and Bisexual Residents	None identified
Transgendered and Intersex Residents	None identified
Residents who Disclosed Prior Sexual Victimization During Risk Screening	None identified
Residents in Isolation	None identified
Interview Totals	
Total Number of Staff Interviews	30
Total Number of Resident Interviews	8
Total Number of Interviews	38

Interviewed Residents Length of Time at Facility

Days or Months	Number of Residents
1 Day to 31 Days	4
32 Days to 6 Months	3
7 Months to 12 Months	1
13 Months Plus	0

Records Review

Type of Record	Total Records Reviewed
Personnel Records/Documents	Requested (off-site)
Volunteer and Contractors Files/Documents	8
Training Files/Documents/Records	34
Resident Files/Documents	20
Medical/Mental Health Records and Documentation for Victims	N/A

Grievance Forms (Sexual Abuse and Sexual Harassment)	1
All Incident Reports (Sexual Abuse and Sexual Harassment)	3
Investigation Records (Sexual Abuse and Sexual Harassment)	3

Investigative Files

Youth-on-Youth Sexual Victimization	Substantiated	Unsubstantiated	Unfounded
Nonconsensual Sexual Acts	0	0	0
Abusive Sexual Contact	0	0	1
Sexual Harassment	0	0	1
Staff-on-Youth Sexual Abuse	Substantiated	Unsubstantiated	Unfounded
Staff Sexual Misconduct	0	0	0
Staff Sexual Harassment	0	0	1

Reporting Method	Sexual Abuse		Sexual Harassment	
	Youth-on-Youth	Staff-on-Youth	Youth-on-Youth	Staff-on-Youth
Hotline	0	0	0	0
Grievance	1	1	1	0
Verbal Report	0	0	0	0
Anonymous	0	0	0	0
Third Party	0	0	0	0
Reports by Staff	0	0	0	0

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Characteristics Related to PREA and Sexual Safety

Introduction	
Parent Agency	Rutherford County
Other Significant Relationship Information	Tennessee Department of Children's Services
Facility Name	Rutherford County Juvenile Detention Center
Facility Address	1710 South Church Street, Murfreesboro, TN 37130
Age of Facility	2004
Total Facility Rated Capacity	64
Resident Population Size and Makeup	
Average daily population in the last 12 months	17
Actual population on day 1 of the onsite portion of the audit	10
Population Gender	Male
Population Ethnicity	Multiethnic
Length of Stay	15 days
Staff Size and Makeup	
Number of Security Staff	37
Types of Supervision Practiced:	Direct Supervision
Number of Volunteers who may have contact with residents	7
Number of Contractors who may have contact with residents	4
Number of Interns who may have contact with residents	0
Number and Type of Housing Units	
Number of single-occupancy cells	64
Number of open-bay dorms	2
Number of observation units	2
Number of medical units	0
Number of closed units	0
Type of Supervision (direct or indirect)	Direct
Video Monitoring	45 cameras

Facility Operations

Physical Plant Description

Rutherford County Juvenile Detention Center is located at 1710 South Church Street, Murfreesboro, TN 37130. The Facility has a 64-bed all male facility. Rutherford County Juvenile Detention Center provides secure housing for juveniles who are awaiting court dispositions or transportation to a permanent placement.

In addition to providing necessary beds for Rutherford County youths, the detention center can provide contract beds for surrounding Tennessee counties, the U.S. Marshals office and the Immigration and Naturalization Service.

The facility consists of one (1) building. There is a central control area with a door locking system and video surveillance system to view forty-five (45) cameras. The facility has three (3) housing units each with sixteen (16) single cells. Each single cell has a sink, toilet, and shower with shower curtain. There are two (2) open bay housing units with eight (8) beds each. There are indoor and outdoor recreation areas, a computer lab, a PBIS snack shack, staff offices, a visitation room, a no-contact visitation room, staff break room, staff training room, large intake area, and two court holding cells.

Services Available

Rutherford County Juvenile Detention Center provides medical services, education, recreation, behavioral health, nutrition, and general programming.

Medical Care – Medical care is provided in-house and off-site.

Education – Basic educational services are provided through a virtual platform provided by the Rutherford County Board of education. The flexible, online curriculum aligns to the Common Core, NGSS, and state standards. It can be used to supplement classroom instruction, in a fully virtual implementation, and for initial credit for middle and high school students.

Recreation – Recreation opportunities are provided in outdoor and indoor recreation areas.

Behavioral Health – Active Parenting of Teens and Families In Action: A Program for parenting teenagers and preteens. This is a six-week course for parents of preteens and teens that is offered quarterly. It is not only provided to the parents of the detained youth, but to the public as well. This video and discussion program provides parents with the skills needed to use effective discipline, teach responsibility, and communicate with their children. Each session shows parent(s) how to handle sensitive issues such as drugs, sexuality, violence and more.

Pet Partners: Pet Partners' Programs is a research foundation which demonstrates that when animals are around, people's blood pressure goes down, stress and anxiety levels are reduced, people feel less lonely and less depressed, and they tend to be more social and community oriented. The youth get to spend time interacting with the pets. This can include performing tricks, teaching them basic commands, grooming, or just petting the pets. The handlers also teach the youth about the animal, responsible pet ownership and how to select the perfect pet for their lifestyle.

Art Therapy (TPAC - Tennessee Performing Art Center) – Art therapy includes creative and exciting ways to use art and performing arts to engage and interact with the detainees; ultimately giving them coping skills wrapped up in the arts.

Drum Therapy- This allows the detainees to express themselves musically as well as encourages them to work as a team while they drum together.

Career/College Day: Quarterly the facility has an organization speak to the youth about different career paths/options from the military to entrepreneurship and from different learning institutions. The idea is to give the youth exposure to different career paths from those who work and train in those fields.

Job Readiness: The job readiness program prepares residents on how to find, get, keep, and excel at a new job.

Arise Life Skills Program: Small group sessions that are facilitated by a group leader. The group leader facilitates conversations on different topics: Ager Management; Substance Abuse; Critical Thinking; and Self-Esteem.

Nutrition – Food service staff provide snacks and meals for the youth that meet and/or exceed the USDA guidelines for nutrition.

Laundry –Youth uniforms, washcloths, bathing towels, and undergarments are laundered and provided each day. All other items (e.g., bed linen, sweatshirts) are washed at least weekly following the assigned laundry schedule. Youth do not assist with laundry.

Visitation – The facility provides two standard visitation periods per. Special visits may also be earned through the PBIS program and as needed via coordination with the youth case managers.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. RCJDC Pre-Audit Questionnaire responses
4. RCJDC Training Curriculum

Documents (Corrective Action):

1. Organizational Chart - updated 7/29/2020

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

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.

The Rutherford County Juvenile Detention Center (RCJDC) shall be committed to a zero-tolerance standard for all forms of sexual abuse/assault/misconduct/harassment or rape within the facility. RCJDC is committed to reducing the risk of these actions through the federal Prison Rape Elimination Act (PREA). Policy includes definitions of prohibited behaviors and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents and sanctions for those found to have participated in such behaviors.

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.

The Facility Director serves as the PREA Coordinator. The organizational chart was updated 7/29/2020 to specify the position of the PREA Coordinator in the agency's organizational structure. The Facility Director confirmed she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA juvenile standards.

115.311 (c)

PAQ: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure.

A Sergeant serves as the PREA Compliance Manager. The organizational chart was updated 7/29/2020 to specify the position of the PREA Compliance Manager in the agency's organizational structure. The PREA Compliance Manager confirmed he has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully in compliance with this standard regarding zero tolerance of sexual abuse and sexual harassment and designation of an agency wide PREA Coordinator. Corrective action has been completed.

115.311 (b) - complete

The organizational chart was updated 7/29/2020 to specify the position of the PREA Coordinator in the agency's organizational structure.

115.311 (c) - complete

The organizational chart was updated 7/29/2020 to specify the position of the PREA Compliance Manager in the agency's organizational structure.

Standard 115.312: Contracting with other entities for the confinement of residents**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.312 (a)**

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. RCJDC Pre-Audit Questionnaire responses
4. County Contacts List
5. Contract Language

Findings (By Provision):

115.312 (a)

The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:

The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: Thirty-nine (39)

The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: Zero (0)

RCJDC does not contract with other facilities for the confinement its residents. The detention center has contracts with thirty-nine (39) counties for the confinement of juveniles from other Tennessee counties. Tennessee Department of Children's Services (DCS) licenses the operations of RCJDC.

The PREA contract states, "The Center shall comply with the Prison Rape Elimination Act of 2003 (42 U.S.C. §15601 et seq.) ("PREA") and with all applicable PREA standards and DCS policies related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse in facilities owned, operated, or sub-contracted by the Center. Center acknowledges that, In addition to self-monitoring requirements, DCS will conduct announced and unannounced on-site compliance monitoring. Failure to comply with PREA, PREA standards, or relevant DCS policies may result in termination of the Contract."

115.312 (b)

All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: Zero (0)

RCJDC does not contract with other facilities for the confinement of its residents. The detention center has contracts with thirty-nine (39) counties for the confinement of juveniles from other Tennessee counties.

The PREA contract states, "The Center shall comply with the Prison Rape Elimination Act of 2003 (42 U.S.C. §15601 et seq.) ("PREA") and with all applicable PREA standards and DCS policies related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse in facilities owned, operated, or sub-contracted by the Center. Center acknowledges that, In addition to self-monitoring requirements, DCS will conduct announced and unannounced on-site compliance monitoring. Failure to comply with PREA, PREA standards, or relevant DCS policies may result in termination of the Contract."

Corrective Action

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

115.313 (d)

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

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. RCJDC Pre-Audit Questionnaire responses
4. Budget Worksheet – Fiscal Year 2019-2020
5. Post Orders - PREA Unannounced Rounds
6. Shift Reports - PREA Unannounced Rounds

Documents (Corrective Action):

1. Staffing Plan – 7/30/2020
2. 2020 Facility Annual Staffing Report – 7/29/20

Interviews:

1. Interview with the Facility Director
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager
4. Interview with Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.313 (a)

PAQ: Since the 2017 PREA audit:

1. The average daily number of residents: 23
2. The average daily number of residents on which the staffing plan was predicated: 64

The Facility Director and PREA Compliance Manager confirmed 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.

The facility developed a PREA compliant staffing plan 7/30/2020. The auditor reviewed the Staffing Plan for verification that it is inclusive of the provision requirements.

115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

The facility documents compliance with the staffing plan with shift reports. The shift report form includes an area for the population of each housing unit and staff assignments. The shift report also includes a notes section to document and justify all deviations from the staffing plan.

The Facility Director confirmed there have been no circumstances in which the facility has been unable to meet the requirements of the staffing plan. The facility documents all instances of non-compliance with the staffing plan with shift reports and includes an explanation for non-compliance. The auditor reviewed shift reports for verification.

115.313 (c)

PAQ:

The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: Zero (0)
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: Zero (0)

The Facility Director confirmed RCJDC is obligated by DCS and PREA Standards to maintain ratios of staff-to-youth ratios of 1:8 during resident waking hours and 1:16 during sleep hours. She ensures the facility maintains appropriate staffing ratios.

PREA Site Review: During the onsite tour of the facility the auditor observed the living units were compliant with required staffing ratios.

115.313 (d)

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

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

The PREA Coordinator confirmed being consulted regarding any assessments of, or adjustments to, the staffing plan for RCJDC. She confirmed the assessment is documented through the Facility Annual Staffing Report. The auditor reviewed the 2020 Facility Annual Staffing Report for verification.

The facility completed the 2020 Facility Annual Staffing Report 7/29/2020. The auditor reviewed the Facility Annual Staffing Report for verification that it is inclusive of the 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.

Intermediate and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds cover all shifts and all areas of the facility. Staff are prohibited from alerting other staff of such rounds. All unannounced rounds must be documented using in the PREA Checks section of the shift reports.

A Sergeant, who conducts unannounced rounds to identify and deter staff sexual abuse and sexual harassment, confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur. She does not share when they are occurring.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding supervision and monitoring. Corrective action has been completed.

115.313 (a) - complete

The facility developed a PREA compliant staffing plan 7/30/2020. The auditor reviewed the Staffing Plan for verification that it is inclusive of the provision requirements.

115.313 (d) - complete

The facility completed the 2020 Facility Annual Staffing Report 7/29/20. The auditor reviewed the Facility Annual Staffing Report for verification that it is inclusive of the provision requirements.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

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

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. RCJDC Transgender Search Request
4. RCJDC Pre-Audit Questionnaire responses

Documents (Corrective Action):

1. Guidance in Cross-Gender and Transgender Pat Searches Curriculum
2. Staff Training records for provision 115.315 (f) – completed 12/10/2020

Interviews:

1. Interviews with a Random Sample of Staff
2. Interviews with a Random Sample of Residents
3. Interviews with Transgendered and Intersex Residents – N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.315 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: Zero (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: Zero (0)

RCJDC does not conduct cross-gender strip and body cavity searches of youth.

115.315 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

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

Cross-gender pat down searches may only be conducted in exigent circumstances, which are any set of temporary and unforeseen circumstances. Interviews with staff and residents confirmed cross-gender searches are prohibited.

115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Policy states any cross-gender searches will be documented with an explanation as to why it was necessary. Cavity searches shall be conducted by a physician if there is a reasonable suspicion that a resident is harboring contraband.

115.315 (d)

PAQ:

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy states the intake shower shall be performed by a member of the same sex as the resident. When a staff member of the opposite sex enters a housing unit they will announce loudly "Male on the pod" or "Female on the pod" as necessary.

Resident interviews confirmed staff of the opposite gender announce their presence when entering the housing units and residents are never naked in full view of staff of the opposite gender. Showers are conducted by staff of the same gender. Staff interviews confirmed staff of the opposite gender announce their presence when entering the housing units. Staff confirmed residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

PREA Site Review: Staff conducting the tour described the shower process. Staff of the same gender monitor showers while the residents shower individually in their cell behind the privacy of a shower curtain.

115.315 (e)

PAQ: The facility does not have 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.

Staff interviewed confirmed they are aware they are prohibited from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.

The training curriculum is inclusive of the provision requirements regarding the prohibition of staff from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.

115.315 (f)

PAQ: 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%

Staff interviewed confirmed they have not received such training. This training was accomplished through corrective action. The auditor reviewed the Guidance in Cross-Gender and Transgender Pat

Searches Curriculum, individual staff signed acknowledgements of receiving training, and training rosters for verification.

Corrective Action

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

115.315 (e) - complete

Policy was not inclusive of the provision requirements regarding the prohibition of staff from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status. This was addressed through the development of the in-depth Guidance in Cross-Gender and Transgender Pat Searches Curriculum. This information was received 12/10/2020.

115.315 (f) - complete

Training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security was accomplished through corrective action. The facility emailed individual staff signed acknowledgements of receiving training and training rosters. This information was received 12/10/2020.

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

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

115.316 (a)

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

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

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. Tennessee Department of Children's Services Minimum Standards for Juvenile Detention Facilities
3. RCJDC Pre-Audit Questionnaire responses
4. What You Should Know About Sexual Assault and Sexual Abuse Pamphlet (English and Spanish)
5. PREA Posters (English and Spanish)
6. LTC Language Solutions

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the Agency Head Designee (Facility Director)
3. Interviews with Residents with Disabilities and Limited English Proficient Residents - N/A
4. Interviews with a Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.316 (a)

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

Policy states for youth with special needs, provisions shall be made to address special needs for those youth who exhibit or have documented physical or intellectual disabilities or impairments, limited English proficiency (LEP), and/or mental or emotional health Issues.

RCJDC's Transition & Life Skills Facilitator will contact Rutherford County Board of Education (RCBOE) Special Education Coordinator when a detainee with disabilities or who is limited English proficient needs services.

The Rutherford County Board of Education has access to a Braille machine and can produce any necessary documents. Depending on need, services could be provided by Bridges for the Deaf and Hard of Hearing, Tennessee Schools for the Deaf (Statewide School Support), and the Tennessee School for the Blind (Outreach Programs). Available interpreting services include (but are not limited to) ALS interpreting, Communication Access Real-time Translation (CART) Services, Video Remote Interpreting (VRI) and Deaf Interpreting Teams. Available instructional support services include (but are not limited to) behavioral assessment/consultations, classroom observation/consultations, program consultation, resources and materials, comprehensive audiological evaluations, auditory processing screenings/evaluations, k-12 Parent outreach, functional visual assessments, orientation, and mobility assessments. These services will be provided at no charge through the RCBOE.

Additionally, LTC Language Solutions provides American Sign Language interpreting services for residents who are deaf or hard of hearing.

The PREA Coordinator 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. There were no residents (with disabilities or who are limited English proficient) who were identified during the onsite audit.

115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

RCJDC uses LTC Language Solutions for professional interpreting services.

There were no residents identified as limited English proficient during the onsite audit.

115.316 (c)

PAQ: Agency policy does not prohibit 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.

1. Policy does not indicate the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.
2. 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: Zero (0)

Policy states RCJDC does not rely upon any resident assistance in these cases unless a 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.

Staff interviewed confirmed the agency does not use resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Staff did not have knowledge of resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment. There were no residents (with disabilities or who are limited English proficient) who were identified during the onsite audit.

Corrective Action

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

115.316 (a) - complete

The agency 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.

115.316 (c) - complete

Policy was updated to indicate RCJDC does not rely upon any resident assistance in these cases unless a 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.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. New Employee Criminal Background Checks
4. Current Employee Criminal Background Checks
5. Child Abuse Registry Checks - requested
6. Contractor Background Checks – requested
7. Five Year Criminal Background Checks for Employees and Contractors - requested

Documents (Corrective Action):

1. Updated application with three questions regarding prior misconduct for hire and promotion.
2. Questionnaire developed with three questions regarding prior misconduct asked during evaluations.

Interviews:

1. Interview with Administrative (Human Resources) Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.317 (a)**

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:

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.

The facility updated the application with the questions about previous misconduct for new hires and promotions. The facility developed a questionnaire for evaluations. Examples were provided for verification on 12/11/2020.

115.317 (b)

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.

The human resources staff stated the facility considers 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.

115.317 (c)

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

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 7
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

The human resources staff confirmed the facility performs criminal record background checks, consults any child abuse registry maintained by the State or locality in which the employee would work, and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees who are being considered for promotions.

Criminal background record checks and child abuse registry checks were reviewed for verification.

115.317 (d)

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

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: N/A

The facility human resources staff confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents.

Criminal background records checks, and child abuse registry checks for contractors were reviewed for verification.

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.

Background checks for all employees and contractors are conducted every five years. The auditor reviewed examples for verification.

115.317 (f)

RCJDC does not ask applicants about the disqualifications for employment at hire, for promotions, and annually during evaluations.

The facility updated the application with the questions about previous misconduct for new hires and promotions. The facility developed a questionnaire for evaluations. Examples were provided for verification on 12/11/2020.

The facility Human Resources staff confirmed the facility did not previously ask all applicants and employees who may have contact with residents about previous misconduct described in section (a)* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. She did confirm the detention center imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

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.

115.317 (h)

The facility human resources staff confirmed the agency shall 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.

Corrective Action

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 hiring and promotion decisions. Corrective action has been completed.

115.317 (b) - complete

The auditor has requested criminal background record checks and child abuse registry checks for verification. Examples were provided 12/11/2020.

115.317 (d) - complete

The auditor has requested criminal background records checks, and child abuse registry checks for contractors for verification. Examples were provided 12/11/2020.

115.317 (e) - complete

The auditor has requested criminal background record checks of current employees and contractors for verification they are being conducted every five years as required. Examples were provided 12/11/2020.

115.317 (f) - complete

The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Documentation for new hires, for promotions, and for evaluations was required for verification. The facility updated the application with the questions about previous misconduct. The facility developed a questionnaire for evaluations. Examples were provided for verification on 12/11/2020.

Policy Suggestions

115.317 (a), (b), and (g)

The auditor suggests policy is updated to include these standard provisions.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. 2020 Staffing Plan Assessment
4. Facility Schematics

Interview:

1. Interview with the Agency Head Designee (Facility Director)
2. Interview with the Facility Director

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

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.

The Facility Director 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.

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.

The Facility Director confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect residents from sexual abuse.

The 2020 Staffing Plan Assessment indicates the video surveillance system was updated on 6/7/2020. The new system has an eight-week retention schedule and intercoms with recording ability. There are 45 cameras.

PREA Site Review:

The auditor observed the video monitoring system.

Corrective Action

Based upon 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 technology. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures – 2017
2. DCS Policy 14.25 Special Child Protective Services Investigations
3. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding
4. Rutherford County Child Protective Investigation Team Investigative Protocol
5. RCJDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with a Random Sample of Staff
3. Interviews with Residents who Reported a Sexual Abuse – N/A
4. Interview with SAFE's/SANE's

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.321 (a)

PAQ: RCJDC is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

The Tennessee Department of Children's Services (DCS) is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with Murfreesboro Police Department and the Rutherford County Sheriff's Department for criminal sexual abuse investigations.

Staff interviewed confirmed they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They acknowledged DCS and local law enforcement are responsible for conducting sexual abuse investigations.

115.321 (b)

RCJDC is not responsible for conducting any form of criminal or administrative sexual abuse investigations.

115.321 (c)

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.

During the past 12 months:

1. The number of forensic medical exams conducted: Zero (0)
2. The number of exams performed by SANEs/SAFEs: Zero (0)

3. The number of exams performed by a qualified medical practitioner: Zero (0)

Rutherford County has an interagency agreement that provides access to forensic medical examinations at the DCS Our Kids Program. The examinations are performed by qualified medical practitioners without financial cost to the juveniles. Our Kids is a Nashville nonprofit that provides expert medical evaluations and crisis counseling in response to concerns of child sexual abuse. Our Kids offers free 24/7 coverage to 47 Middle Tennessee counties. The auditor contacted Our Kids to confirm availability of the services.

115.321 (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.

Rutherford County has an interagency agreement that provides access to qualified victim advocates through the Child Advocacy Center (CAC) of Rutherford County, Inc. The auditor contacted the Director of the CAC and confirmed availability of victim advocacy services. Additionally, the auditor reviewed the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding for verification.

115.321 (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.

Rutherford County has an interagency agreement that provides access to qualified victim advocates through the Child Advocacy Center (CAC) of Rutherford County, Inc. The auditor contacted the Director of the CAC and confirmed availability of victim advocacy services. Additionally, the auditor reviewed the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding for verification.

The Facility PREA Compliance Manager confirmed a qualified victim advocate would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. There were no residents, who reported a sexual abuse, present during the onsite audit.

115.321 (f)

PAQ: RCJDC is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations. DCS policy outlines they are the responsible agency and they follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations for verification.

Corrective Action

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

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures – 2017
2. DCS Policy 14.25 Special Child Protective Services Investigations
3. RCJDC Pre-Audit Questionnaire responses
4. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding
5. Rutherford County Child Protective Investigation Team Investigative Protocol

Interviews:

1. Interview with the Agency Head Designee (Facility Director)
2. Interviews with Investigative Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.322 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: Eight (8)
2. The number of allegations resulting in an administrative investigation: Three (3)
3. The number of allegations referred for criminal investigation: Zero (0)
4. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

DCS policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS).

The Facility Director stated RCJDC ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. She stated DCS is responsible for all investigations and local law enforcement is involved for criminal investigations.

115.322 (b)

PAQ: The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. 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. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

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://rutherfordcountyttn.gov/jdc/misconduct-reports.html>

115.322 (c)

RCJDC PREA policy describes the responsibilities of both the RCJDC and DCS. The auditor reviewed the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding and the Rutherford County Child Protective Investigation Team Investigative Protocol.

115.322 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Tennessee Department of Children's Services (DCS) has policy governing the conduct of sexual abuse and sexual harassment investigations. The auditor reviewed DCS Policy 14.25 Special Child Protective Services Investigations for verification.

115.322 (e)

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

There is no Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

115.331 (b)

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

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017

2. RCJDC Pre-Audit Questionnaire responses
3. Training Curriculum/PowerPoint
4. Staff Training Records

Interviews:

1. Interviews with a Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.331 (a)**

PAQ: The agency trains all employees who may have contact with residents on the eleven (11) required topics.

By reviewing documentation provided, the auditor was unable to determine the following training topics are included in staff training.

1. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
2. The common reactions of juvenile victims of sexual abuse and sexual harassment
3. 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
4. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
5. Relevant laws regarding the applicable age of consent.

The facility will be required to provide documentation these training topics are included in the training curriculum or update the curriculum to be fully inclusive of the required training topics. Staff and contracted medical and mental health practitioners will be required to be trained on all eleven topics.

Staff interviewed confirmed they have received training. The auditor reviewed staff training records for verification PREA training is received. The records do not include detail showing all topics are included in the training.

115.331 (b)

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.

115.331 (c)

PAQ: The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on PREA requirements: unknown:31

The percent of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on PREA requirements: 100%

RCJDC is an all male facility.

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.

Staff sign a form indicating they have received training in PREA.

The auditor reviewed staff training records for verification.

Corrective Action

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 employee training. Corrective action has been completed.

115.331 (a) - complete

By reviewing documentation provided, the auditor was unable to determine the following training topics are included in staff training.

1. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment
2. The common reactions of juvenile victims of sexual abuse and sexual harassment
3. 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
4. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
5. Relevant laws regarding the applicable age of consent.

The facility updated the curriculum to be fully inclusive of the required training topics. Staff and contracted medical and mental health practitioners were trained on all eleven topics. The auditor reviewed training sign-in sheets for verification. This documentation was provided 12/16/2020.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. List of Contact Mental Health Staff
4. List of Contract Medical Staff
5. List of Volunteers
6. PREA Acknowledgement Statements

Documents (Corrective Action):

1. Training Sign-in Sheets: Specialized Training for Medical and Mental Health Care Staff
2. NIC Certificate: PREA 201 for Medical and Mental Health Practitioners
3. PREA Training Sign-in Sheets

Interviews:

1. Interviews with Volunteers or Contractors who have Contact with Residents

Site Review Observations:

Observations during on-site review of physical plant

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.

1. 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: 12
2. The percent 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: 100%

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. They sign a PREA Acknowledgement Statement.

Interviews with volunteers and contractors confirmed they 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 PREA Acknowledgement Statements for verification.

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.

All volunteers, interns, and contractors that do not provide direct services or services on an ongoing basis to youth will be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and on how to report sexual abuse.

The level and type of training provided to volunteers and contractors is not based on the services they provide and level of contact they have with residents. Contracted medical and mental health practitioners have not had the training required by Standard 115.331 and Standard 115.335.

Interviews with contractors and volunteers confirmed they have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interviews and training documentation revealed training provided to contracted medical and mental health staff is not based on the services they provide and level of contact they have with youth.

115.332 (c)

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

Volunteers and contractors sign a PREA Acknowledgement Statement. The auditor reviewed volunteer/contractor PREA Acknowledgement Statement for verification.

Corrective Action

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 volunteer and contractor training. Corrective action has been completed.

115.332 (b) - complete

The level and type of training provided to volunteers and contractors was not previously based on the services they provide and level of contact they have with residents. Contracted medical and mental health practitioners did not have the training required by Standard 115.331 and Standard 115.335.

RCJDC previously did not ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This training was accomplished through corrective action. The auditor reviewed training sign-in sheets and NIC certificates for verification. This documentation was provided 12/16/2020.

Medical and mental health care practitioners are required to 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.

The training required by § 115.331 was accomplished through corrective action. The auditor reviewed training sign-in sheets for verification. This documentation was provided 12/23/2020.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? ☒ Yes ☐ No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses

3. PREA Acknowledgement Form
4. PREA Education Session Attendance
5. LTC Language Solutions
6. What You Should Know About Sexual Assault and Sexual Abuse Pamphlet (English and Spanish)
7. PREA Posters (English and Spanish)
8. Reporting Poster
 - Child Abuse Reporting Hotline
877-237-0026
 - Rutherford Child Advocacy Center (CAC)
615-867-9000
1040 Samsonite Boulevard
Murfreesboro, Tennessee 37129
 - National Sexual Assault Hotline
800-656-4673
 - Immigrant Service Agencies
 - Mexican Consulate: 404-266-2233
 - Community Legal Center: 901-5433-3395

Interviews:

1. Interview with Intake Staff
2. Interviews with a Random Sample of Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.333 (a)**

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.

Of residents admitted during the past 12 months: 281

1. The number who were given this information at intake: unknown; requested
2. The percent who were given this information at intake: 100%

During the intake process, youth receive, at a minimum, age-appropriate information, explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. Youth sign the PREA Acknowledgement Form confirming they have received the What You Should Know About Sexual Assault and Sexual Abuse Pamphlet.

The Intake Staff confirmed residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. Written and verbal information on PREA is provided and explained to all residents during the first day of intake. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and harassment through a video, pamphlet, and resident handbooks.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the PREA Acknowledgement

Form. The auditor also reviewed relevant education materials including the PREA video, posters, resident handbooks, and pamphlets.

115.333 (b)

PAQ: Of residents admitted during the past 12 months:

1. The number who received such education within 10 days of intake: unknown: 281
2. The percent who were given this information within 10 days of intake: 100%

The detention center provides comprehensive age-appropriate education to residents through a video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The Intake Staff confirmed the facility ensures that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents by providing the information in various educational formats and requiring the residents to sign an acknowledgment form stating they understand the information. She confirmed residents are made aware of these rights within 24 hours. Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not to be punished for reporting, during the intake process. Residents stated they received the information on their first or second day at the facility. They also confirmed they received information about the facility's rules against sexual abuse and harassment.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. This information is documented with the PREA Acknowledgement Form. The auditor also reviewed relevant educational materials including the PREA video, posters, resident handbooks, and pamphlets.

115.333 (c)

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

Residents are educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The Intake Staff confirmed all residents are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment regardless of if they are transferred from other facilities.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification.

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.

The detention center provides 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. Posters, student handbooks, intake pamphlets, and other reading materials are readily available in English and Spanish. Policy states for youth with special needs,

provisions shall be made to address special needs for those youth who exhibit or have documented physical or intellectual disabilities or impairments, limited English proficiency (LEP), and/or mental or emotional health Issues. LTC Language Solutions provides American Sign Language interpreting services for residents who are deaf or hard of hearing.

115.333 (e)

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

Residents sign the PREA Acknowledgement Form and PREA Education Session Attendance Sign-in Sheet to document participation in PREA education sessions.

The auditor reviewed youth PREA Acknowledgement Forms and PREA Education Session Attendance Sheets for residents entering the facility in the past 12 months and residents interviewed for verification.

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.

The auditor reviewed the resident handbook, pamphlets, and other educational materials available in English and Spanish. During the site review the auditor observed PREA posters are placed prominently in areas of the facility that are easily accessible by the residents.

Corrective Action

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

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

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

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☐ Yes ☐ No ☒ NA

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures – 2017
2. DCS Policy 5.2 Professional Development and Training Requirements
3. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding
4. Rutherford County Child Protective Investigation Team Investigative Protocol
5. RCJDC Pre-Audit Questionnaire responses

RCJDC does not conduct any form of administrative or criminal sexual abuse investigations. Investigators are employed and trained by DCS. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Special Investigators Unit Training Curriculum includes:

(1) What is PREA; (2) Confined Settings and Sexual Abuse Investigations; (3) Receiving a Referral for a Sexual Abuse Investigation in a Confined Setting; (4) Gathering Information during a Sexual Abuse Investigation in a Confined Setting; (5) Conducting a Sexual Abuse Investigation within a Confined Setting; (6) Interviewing Juvenile Sexual Abuse Victims; (7) Sexual Abuse Evidence Collection in Confinement Settings; (8) False Allegations; (9) Recanting Information; (10) Witnessing Sexual Abuse; (11) Substantiating a Case for Prosecution Referral; (12) Miranda Warning; and (13) Garrity Warning

The Tennessee Department of Children's Services (DCS) is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with Murfreesboro Police Department and the Rutherford County Sheriff's Department for criminal sexual abuse investigations.

The auditor reviewed the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding and the Rutherford County Child Protective Investigation Team Investigative Protocol.

Corrective Action

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

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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 ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- 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 ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. List of Medical Staff
4. List of Mental Health Staff

Documents (Corrective Action);

4. Training Sign-in Sheets: Specialized Training for Medical and Mental Health Care Staff
5. NIC Certificate: PREA 201 for Medical and Mental Health Practitioners

Interviews:

Interviews with Medical and Mental Health Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.335 (a)**

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: Six (6)
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%

After corrective action, RCJDC ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This training was accomplished through corrective action. The auditor reviewed training sign-in sheets and NIC certificates for verification.

Interviews with medical and mental health staff confirmed they had not received the specialized training topics regarding sexual abuse and sexual harassment at the time of the onsite audit.

115.335 (b)

PAQ: RCJDC does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

Interviews with medical and mental health staff confirmed forensic medical examinations are not conducted at the detention center.

115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The training is documented with training sign-in sheets and NIC certificates. The auditor reviewed training sign-in sheets and NIC certificates for verification.

115.335 (d)

Medical and mental health care practitioners have received the training mandated for employees under § 115.331. Medical and mental health care practitioners have received the training mandated for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

The training required by § 115.331 was accomplished through corrective action. The auditor reviewed training sign-in sheets for verification.

Corrective Action

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 specialized training for medical and mental health care. Corrective action has been completed.

115.335 (a) - complete

RCJDC previously did not ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

This training was accomplished through corrective action. The auditor reviewed training sign-in sheets and NIC certificates for verification. This documentation was provided 12/16/2020.

115.335 (d) - complete

Medical and mental health care practitioners are required to 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.

The training required by § 115.331 was accomplished through corrective action. The auditor reviewed training sign-in sheets for verification. This documentation was provided 12/23/2020.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization
3. RCJDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager
3. Interview with the Staff Responsible for Risk Screening
4. Interviews with a Random Sample of Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.341 (a)

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.

In the past 12 months:

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: unknown: 152
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%

The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

RCJDC completes DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization on all residents who enter the facility. Residents' risk of sexual abuse victimization or sexual abusiveness toward other residents is reassessed every three months.

The auditor reviewed completed risk screen examples for verification.

The Staff Responsible for Risk Screening confirmed he screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents during the first day of intake. The information is ascertained through conversations with residents during intake and reviewing any relevant court records. Resident's risk levels are reassessed every three months. The PREA Compliance Manager completes the reassessments.

Residents interviewed confirmed when they first came to the facility, they were asked questions like whether they have ever been sexually abused, whether they identify with being gay, bisexual, or transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the facility. They stated they were asked these questions the first day at the facility.

115.341 (b)

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

The auditor reviewed DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization

115.341 (c)

RCJDC uses a comprehensive and objective screening instrument (DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization) to ascertain information about: prior sexual victimization or abusiveness; any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the juvenile's own perception of vulnerability; and any other specific information about individual juveniles that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other juveniles.

The PREA Coordinator confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d)

The information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The Staff Responsible for Risk Screening confirmed the information is ascertained through conversations with residents during intake and reviewing any relevant court records or other relevant documentation.

115.341 (e)

Policy implement 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.

Policy states access to records shall be limited to individuals and agencies which demonstrate both a "right and need to know". Juvenile records shall be maintained in a secure location.

The PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk Screening stated the sensitive information would be available on a need to know basis.

The auditor observed records are securely maintained in the intake area.

Corrective Action

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

Standard 115.342: Use of screening information

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

115.342 (a)

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

115.342 (c)

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization
4. At-Risk Protocol section of DCS form CS-0946

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager
3. Interview with Staff Responsible for Risk Screening
4. Interview with the Facility Director
5. Interview with Staff who Supervise Residents in Isolation – N/A
6. Interviews with Medical and Mental Health Staff
7. Interviews with Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – N/A
8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.342 (a)**

PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The auditor reviewed the At-Risk Protocol section of DCS form CS-0946 for verification the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing and programming assignments.

115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

The Facility Director confirmed RCJDC does not use isolation for residents at risk of sexual victimization.

115.342 (c)

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

Policy is not inclusive of the standard provision.

The PREA Coordinator and PREA Compliance Manager confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

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.

The PREA Compliance Manager confirmed housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

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.

The PREA Compliance Manager and Staff Responsible for Risk Screening 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.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed a transgender or intersex resident's own views with respect to his or her own safety is given serious consideration.

115.342 (g)

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

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually and separately from each other.

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

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

The Facility Director confirmed RCJDC does not use 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.

The Facility Director confirmed RCJDC does not use isolation for residents at risk of sexual victimization.

Corrective Action

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 use of screening information. No corrective action is required.

Policy Suggestions

115.342 (c), (d), (e), (f), and (g)

Policy is not inclusive of these standard provisions.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding
4. What You Should Know About Sexual Assault and Sexual Abuse Pamphlet (English and Spanish)
5. PREA Posters (English and Spanish)
6. Youth Grievance Form
7. Reporting Poster
 - Child Abuse Reporting Hotline
877-237-0026
 - Rutherford Child Advocacy Center (CAC)
615-867-9000
1040 Samsonite Boulevard
Murfreesboro, Tennessee 37129
 - National Sexual Assault Hotline
800-656-4673
 - Immigrant Service Agencies
 - Mexican Consulate: 404-266-2233
 - Community Legal Center: 901-5433-3395

Interviews:

1. Interview with the PREA Compliance Manager
2. Interviews with a Random Sample of Staff
3. Interviews with a Random Sample of Residents
4. Interviews with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

RCJDC provides residents with numerous, internal, and external methods for reporting sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such incidents, and staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse or sexual harassment.

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

115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Residents are provided contact information for the National Sexual Abuse Hotline, Rutherford Child Advocacy Center (CAC), and the Tennessee Child Protective Services (CPS). Residents detained solely for civil immigration purposes are provided with contact information for the Mexican Consulate and Community Legal Center. This information is posted prominently next to the resident telephones.

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

The auditor observed English and Spanish language posters with phone numbers and/or mailing addresses for resident access to outside support services and legal representation.

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: before end of shift

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 by the end of their shift.

Interviews with staff confirmed when a resident alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously and through third parties. Staff stated they document verbal reports. Most said immediately, but all stated they would document as by the end of their shift. Residents confirmed they can make reports of sexual abuse or sexual harassment either in person or in writing and someone else could make the report for them, so they do not have to give their name.

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.

RCJDC provides residents grievance forms and access to writing implements 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 Compliance Manager confirmed residents would be given a pencil 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 auditor observed grievance forms are available next to locked grievance boxes. The grievance boxes that are checked daily.

115.351 (e)

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

Staff interviewed identified the Tennessee Child Protective Services (CPS) Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.

Corrective Action

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

Policy Suggestion

115.351 (e)

Policy is not inclusive of the standard provision.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.352 (b)

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

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the

facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Youth Grievance Form

Interviews:

1. Interviews with Residents who Reported a Sexual Abuse - N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings:

115.352 (a)

PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Policy states all detainees have the right to make a complaint by grievance.

115.352 (b)

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.

Policy states there are no time limits on when a youth can file a grievance.

The auditor reviewed the relevant information about the grievance process is posted next to the resident telephones.

115.352 (c)

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.

Policy allows youth who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

The auditor reviewed the relevant information about the grievance process is posted next to the resident telephones.

115.352 (d)

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.

In the past 12 months:

1. The number of grievances that were filed that alleged sexual abuse: One (1)
2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: Three (3)
3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: Zero (0)

The auditor reviewed grievances alleging sexual abuse had a decision made within 90 days.

115.352 (e)

Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

Any RCJDC employee can help a youth with reporting abuse, neglect, harassment and retaliation by another youth or staff within the facility to allow for more than one method of reporting. Agency policy and procedure does not include if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: Zero (0)

Policy states if a grievance is of emergent nature and involves risk of imminent harm, the grievance will be handled immediately by the Shift Sergeant.

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: Zero (0)

Policy states the facility will not discipline a youth for filing a grievance alleging sexual abuse unless the facility demonstrates that the youth filed the grievance in bad faith.

Corrective Action

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 exhaustion of administrative remedies. No corrective action is required.

Policy suggestions

115.352 (d) and (e)

Policy is not inclusive the standard provisions.

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

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding
4. What You Should Know About Sexual Assault and Sexual Abuse Pamphlet (English and Spanish)
5. PREA Posters (English and Spanish)
6. Youth Grievance Form
7. Reporting Poster
 - Child Abuse Reporting Hotline
877-237-0026
 - Rutherford Child Advocacy Center (CAC)
615-867-9000
1040 Samsonite Boulevard
Murfreesboro, Tennessee 37129
 - National Sexual Assault Hotline
800-656-4673
 - Immigrant Service Agencies
 - Mexican Consulate: 404-266-2233
 - Community Legal Center: 901-5433-3395

Interviews:

1. Interview with the PREA Compliance Manager
2. Interview with the Facility Director
3. Interviews with a Random Sample of Residents
4. Interviews with Residents who Reported a Sexual Abuse - N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.353 (a)**

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

RCJDC provides residents with outside access to victim advocates and immigrant service agencies by providing mailing addresses and telephone numbers. Residents detained solely for civil immigration purposes are provided contact information for the Mexican Consulate and Community Legal Center. Posters provide a list of phone numbers and/or mailing addresses for resident access to outside support services and legal representation. Phone numbers are listed for the following: the Child Abuse Reporting Hotline; and the Rutherford Child Advocacy Center (CAC).

Victim advocates are available by the Rutherford Child Advocacy Center (CAC) through the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding.

Residents acknowledged there are services available outside of the facility for dealing with sexual abuse if they ever need it. They confirmed they knew about the availability of a victim advocate and knew the information was posted next to the resident phones. They confirmed they would be able to talk with people from outside services when needed and the call would be private.

115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and to their parents or legal guardians through visitation, mail, and telephone. The facility informs residents about the extent to which communication with outside support groups can be monitored and informs the residents about mandatory reporting rules governing privacy and confidentiality.

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

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.

Emotional support services related to sexual abuse are available by the Rutherford Child Advocacy Center (CAC) through the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding.

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.

The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and to their parents or legal guardians through visitation, mail, and telephone. Residents are provided reasonable access to parents or legal guardians through visitation, mail, and telephone.

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

Corrective Action

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

Standard 115.354: Third-party reporting**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.354 (a)**

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

Auditor Overall Compliance Determination

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

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
4. Third-Party Reporting: <http://rutherfordcountyttn.gov/jdc/misconduct-reports.html>

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.354 (a)

PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

The auditor suggested the facility add information for the Tennessee Department of Children Services Child Abuse Reporting Hotline to its website to meet compliance with the standard. The third-party statement is as follows, "In the event you would like to report a case of child sexual assault or child sexual harassment call the Children's Protective Service Abuse Hotline at 1-877-237-0026."

Corrective Action

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding third-party reporting. Corrective has been completed.

115.354 (a) - complete

The facility added information for the Tennessee Department of Children Services Child Abuse Reporting Hotline to its website to meet compliance with the standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?
☒ Yes ☐ No
- If an 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? ☒ Yes ☐ No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1
4. Rutherford County Employee Handbook
Resident PREA Acknowledgement Form
7. PREA Resident Education Session Attendance
8. Staff, Volunteer and Contractor PREA Acknowledgement Statement
5. What You Should Know About Sexual Assault and Sexual Abuse Pamphlet (English and Spanish)
6. Sexual Assault Response Team (SART) Checklist

Interviews:

1. Interview with the Facility Director
2. Interview with the PREA Compliance Manager
3. Interviews with a Random Sample of Staff
4. Interviews with Medical and Mental Health Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.361 (a)**

PAQ: The agency requires all staff to report immediately and according to agency policy:

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.

Policy states when a detainee makes any allegations of abuse, the allegations of abuse or neglect will be reported to the Tennessee Child Protective Services Hotline: 877-237-0026. Any RCJDC employee can help a youth with reporting abuse, neglect, harassment and retaliation by another youth or staff within the facility to allow for more than one method of reporting.

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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. Staff stated they would report to their immediate supervisor.

115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

All staff are required comply with Duty to Report – As per Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted, or sexually harassed has the duty to report such abuse. In terms of PREA standards, this duty to report includes but is not limited to 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. Staff members may have this knowledge by any means including personal witness or reports made verbally, in writing, anonymously, by third parties or by any other means and must in all cases be reported. Any allegation received from another institution or agency must be reported and investigated in the same manner according to PREA standards and DCS mandates.

Staff confirmed PREA training includes how to comply with mandatory reporting laws.

115.361 (c)

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.

Records and detainee information are considered confidential information. Detained youth have the right to expect that this information shall remain confidential. Access to records shall be limited to individuals and agencies which demonstrate both a "right and need to know: or have received written authorization signed by the child and parents/guardian, if the child is less than 18 years of age, granting access to his/her records. Judicial, correctional and government social service agencies shall have access to departmental records (except medical and psychological) without consent forms being required. Proper identification of these agencies' representatives and their right and need to know shall be established in writing prior to the release of information. Information shall be made available to law enforcement agencies to assist in investigations and possible apprehension of children suspected of being involved in delinquent activities or threatening the safety of themselves or others. Per the Rutherford County Human Resources Department, information that is not pertinent to an ongoing investigation shall not be released without consent form. Information concerning a child shall be released to non-judicial, non-correctional, non-law enforcement and non-social service agencies only after receipt of a consent form signed by the child and parent/guardian, if the student is less than 18 years of age, or when authorized by the Director or Captain when there is a "need to know".

Staff confirmed the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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. Staff stated they would report to their immediate supervisor.

115.361 (d)

Access to records shall be limited to individuals and agencies which demonstrate both a "right and need to know: or have received written authorization signed by the child and parents/guardian, if the child is less than 18 years of age, granting access to his/her records. Judicial, correctional and government social service agencies shall have access to departmental records (except medical and psychological) without consent forms being required. Proper identification of these agencies' representatives and their right and need to know shall be established in writing prior to the release of information. All medical/psychological records shall not be released to any party without an authorization for release of information. This form requires the child's signature as well as the parent/guardian's signature.

Interviews with medical and mental health 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 by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment upon learning of it. Neither of the medical or mental health staff interviewed reported they have become aware of such incidents.

115.361 (e)

Policy states when/ if a detainee makes any allegations of abuse (youth on youth, staff on youth, youth/adult prior to detainment in RCJDC etc.) the allegation(s) of abuse or neglect shall be reported to the Tennessee Child Protective Services Hotline: (1-877-237-0026).

The PREA Compliance Manager confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the Facility Director and CPS. The Facility Director notifies the victim's legal guardians as appropriate. If the victim is under the guardianship of the child welfare system, the allegation would be reported to the victim's caseworker. If a juvenile court retains jurisdiction over the

alleged victim, the juvenile's attorney or other legal representative of record would be notified. These notifications would occur immediately.

The Facility Director confirmed when the facility receives an allegation of sexual abuse the allegation is reported to DCS and local law enforcement and the victim's legal guardians as appropriate. If the victim is under the guardianship of the child welfare system, the allegation would be reported to the victim's caseworker. She stated a juvenile court would not retain jurisdiction over an alleged victim. She stated the residents are always in the custody of the State.

115.361 (f)

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

Upon Notification of sexual abuse that allegedly took place while being detained in RCJDC the following will be notified:

1. Immediate Shift Supervisor
2. CPS Central Intake will be notified, and report made
3. Administration will be notified, and administration will contact local law enforcement
4. Juvenile's legal guardian will be notified (parent, caseworker, guardian)
5. DCS Licensing Department shall be notified within 24 hours

The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly DCS and local law enforcement.

Corrective Action

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 staff and agency reporting duties. Corrective action has been completed.

115.361 (a) - complete

Policy was updated to include the standard provision requirements.

115.361 (c) - complete

Policy was updated to include the standard provision requirements.

Policy Suggestions

115.361 (d) and (e)

Policy is not fully inclusive of these standard provision.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. PREA Training Curriculum/PowerPoint

Interviews:

1. Interview with the Agency Head Designee (Facility Director)
2. Interview with the Facility Director
3. Interviews with a Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings:

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).

In the past 12 months:

1. The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: Zero (0)

Policy states detainees identified as high risk with a history of sexually assaultive behavior and detainees identified as high risk for victimization are documented in the "Alert" system, monitored as such and cell assignments are made accordingly.

If a grievance is off an emergent nature and involves risk of imminent harm, the grievance will be handled immediately by the Shift Sergeant.

The Facility Director confirmed that 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 potential victim from the potential aggressor and providing close observation. She confirmed staff should respond immediately to protect residents at substantial risk of imminent sexual abuse. Staff

interviewed confirmed they would immediately separate a resident subject to a substantial risk of imminent sexual abuse from a potential perpetrator and provide close observation.

Corrective Action

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 agency protection duties. No corrective action is required.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Head Designee (Facility Director)
2. Interview with the Facility Director

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.363 (a)

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. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: Zero (0)

RCJDC policy requires that if abuse took place at another confinement facility, Administration (Facility Director) will notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency within 72 hours and document said notification.

115.363 (b)

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.

RCJDC policy states the notification will be made within 72 hours.

115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

RCJDC policy states the facility will document that it has provided the required notification within 72 hours.

115.363 (d)

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

RCJDC policy requires notification of the appropriate investigative agency.

The Facility Director stated DCS is the designated point of contact if another facility refers allegations of sexual abuse or sexual harassment that occurred at RCJDC. The Facility Director confirmed that all allegations reported to have occurred at another facility will be referred to DCS. The director of the facility where the abuse is alleged to have occurred will be notified within 72 hours. She stated there are no examples of this occurring.

Corrective Action

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 reporting to other confinement facilities. No corrective action is required.

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses

Document (Corrective Action):

1. RCJDC Sexual Abuse Coordinated Team Response

Interviews:

1. Interviews with Security Staff and Non-security Staff First Responders
2. Interviews with a Random Sample of Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that a resident was sexually abused: Zero (0)
Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: Zero (0)

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: Zero (0)

Any staff member who receives an allegation from a youth that the youth has been sexually abused must immediately report the allegations to the shift supervisor and with coordination with shift supervisor:

1. Separate the alleged victim and abuser. Alleged victim will be escorted to intake until transported to St Thomas Rutherford ER by direct line security staff. Alleged perpetrator will be secured in a safe room until investigators arrive.
2. Notify On-Call Administration
3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The crime scene will be sealed off with no admittance allowed.
4. Request that the alleged victim and ensure the perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

Interviews with Security Staff and Non-Security Staff confirmed they were knowledgeable of their first responder duties.

115.364 (b)

The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

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

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

Any staff member who receives an allegation from a youth that the youth has been sexually abused must immediately report the allegations to the shift supervisor and with coordination with shift supervisor:

1. Separate the alleged victim and abuser. Alleged victim will be escorted to intake until transported to St Thomas Rutherford ER by direct line security staff. Alleged perpetrator will be secured in a safe room until investigators arrive.
2. Notify On-Call Administration
3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The crime scene will be sealed off with no admittance allowed.
4. Request that the alleged victim and ensure the perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

Interviews with Security Staff and Non-Security Staff confirmed they were knowledgeable of their first responder duties. Staff interviewed were knowledgeable of their first responder duties.

Corrective Action

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 staff first responder duties. Corrective action has been completed.

115.364 (a) - complete

Staff first responder duties were not fully inclusive of the standard provision. The first responder duties were updated to reflect all requirements of the standard. The auditor reviewed the RCJDC Sexual Abuse Coordinated Team Response for verification. This information was received 12/17/2020.

115.364 (b) - complete

Staff first responder duties were not fully inclusive of the standard provision. The first responder duties were updated to reflect all requirements of the standard. The auditor reviewed the RCJDC Sexual Abuse Coordinated Team Response for verification. This information was received 12/17/2020.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses

Document (Corrective Action):

1. RCJDC Sexual Abuse Coordinated Team Response

Interview:

1. Interview with the Facility Director

Site Review Observation:

Observations during on-site review of physical plant

Findings:

PAQ: The facility had not 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.

The facility developed the Sexual Abuse Coordinated Team Response. The plan coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The auditor reviewed the plan for verification.

Corrective Action

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is compliant with this standard regarding a coordinated response. Corrective action has been completed.

The facility developed the Sexual Abuse Coordinated Team Response. The auditor reviewed the plan for verification.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses

Interview:

Interview with the Agency Head Designee (Facility Director)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.366 (a)

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.

The Facility Director confirmed RCJDC has not entered into or renewed any collective bargaining agreements.

115.366 (b)

RCJDC has not entered into or renewed any collective bargaining agreements.

Corrective Action

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 preservation of the ability to protect residents from contact with abusers. No corrective action is required.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures, 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? ☒ Yes ☐ No

115.367 (c)

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses

Document (Corrective Action):

1. Protections Against Retaliation Form – 7/29/2020
2. Policy Directives – 12/23/2020
3. Staff Training Acknowledgements – 1/15/2021

Interviews:

1. Interview with the Agency Head Designee (Facility Director)
2. Interview with the Facility Director
3. Interview with the Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager)
4. Interview with Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A
5. Interview with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):**115.367 (a)**

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.

The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

The title(s) of the staff member(s): all staff

The RCJDC Director issued a directive stating the Director of the facility or their designee, will monitor and ensure protection from any forms of retaliation against 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. Several preventative measures will be utilized in this regard, including but not limited to juvenile disciplinary reports, housing changes, programming changes, removal of alleged abuser, negative performance reviews and reassignment of staff.

Staff signed forms acknowledging they understood the directive. The auditor reviewed the acknowledgement forms for verification.

115.367 (b)

Several preventative measures will be utilized for retaliation, including but not limited to juvenile disciplinary reports, housing changes, programming changes, removal of alleged abuser, negative performance reviews and reassignment of staff.

The Protections Against Retaliation Form states protective measures the agency can employ include: housing changes or transfers for juvenile victims or abusers; removal of alleged staff or juvenile abusers from contact with victims; and emotional support services for juveniles or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Facility Director stated the facility would protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. She stated staff no contact status and youth would not have contact with the retaliating youth as some examples of measures to protect residents or staff who report retaliation. She stated the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations is making housing changes, removal of alleged abusers, and providing mental health services.

115.367 (c)

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.

The length of time that the agency and/or facility monitors the conduct or treatment: 90 days

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

The RCJDC Director issued a directive stating following a report of sexual abuse, the agency shall monitor the conduct and treatment of juveniles and staff who reported the sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff and shall act promptly to remedy any such retaliation. Monitoring for retaliation will begin immediately for a period of 90 days and will be recorded on the RCJDC Protections Against Retaliation Form. The monitoring will be conducted by the Director of the facility or their designee.

The Protections Against Retaliation Form states for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of juveniles or staff who reported the sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff and shall act promptly to remedy any such retaliation.

Items the agency should monitor include:

1. juvenile disciplinary reports
2. housing or program changes
3. negative performance reviews
4. reassignments of staff

The Protections Against Retaliation Form also states the agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Facility Director stated measures she would take when she suspects retaliation includes placing staff on no contact status. She stated the things she looks for to detect possible retaliation includes post assignments, increased grievances, residents not eating, residents requesting to be placed on sick call, and behavior changes. She would monitor resident disciplinary reports, housing changes, program changes, and negative performance reviews or periodic status checks. 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. If there is concern that potential retaliation might occur, the maximum length of time that the facility would monitor conduct and treatment would be until the retaliation ends or a youth is released from the facility.

115.367 (d)

The facility developed and implemented The Protections Against Retaliation Form to document periodic status checks.

The Facility Director stated the things she looks for to detect possible retaliation includes post assignments, increased grievances, residents not eating, residents requesting to be placed on sick call, and behavior changes. She monitors resident disciplinary reports, housing changes, program changes, and negative performance reviews or reassignments of staff.

The auditor reviewed PREA Retaliation Monitoring Sheet for verification. The sheets were not available when first requested, due to the PREA Compliance Manager being on sick leave.

115.367 (e)

The Director of the facility or their designee, will monitor and ensure protection from any forms of retaliation against all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The Facility Director stated if an individual who cooperates with an investigation expresses fear of retaliation, the agency takes measures to protect that individual against retaliation including no staff no contact status and youth would not have contact with the retaliating youth. She stated the different

measures she would take to protect residents and staff from retaliation includes placing staff on no contact status, classification changes, housing changes, and room reassignments.

115.367 (f)

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

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 agency protection against retaliation. Corrective action has been completed.

115.367 (a) - complete

RCJDC indicated in the PAQ that 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. Review of policy revealed the detention center did not have a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The RCJDC Director issued a directive stating he Director of the facility or their designee, will monitor and ensure protection from any forms of retaliation against 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. Several preventative measures will be utilized in this regard, including but not limited to juvenile disciplinary reports, housing changes, programming changes, removal of alleged abuser, negative performance reviews and reassignment of staff. The directive was received 12/23/2020.

Staff signed forms acknowledging they understood the directive. The auditor reviewed the acknowledgement forms for verification. They were received 1/15/2021.

115.367 (d) - complete

The facility developed and implemented The Protections Against Retaliation Form to document periodic status checks. The form was implemented 7/29/2020.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses

Interview:

1. Interview with the Facility Director

Site Review Observations:

Observations during on-site review of physical plant

Findings:

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.

The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents who allege to have suffered sexual abuse who were placed in isolation: Zero (0)

If a resident who alleges to have suffered sexual abuse 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.

The Facility Director confirmed the facility does not use segregated housing or isolation to protect residents who are alleged to have suffered sexual abuse.

Corrective Action

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 post-allegation protective custody. No corrective action is required.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. DCS Policy 14.7 Special Child Protective Services Investigations
3. DCS Policy 14.3 Screening, Response Priority and Assignment of Child Protective Services Cases.
4. RCJDC Pre-Audit Questionnaire responses

Interviews:

1. Interview with Facility Director
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Investigative Staff (DCS)

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

115.371 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

DCS is responsible for allegations of sexual abuse or sexual harassment. The DCS investigator stated once a case is received, it takes less than 24 hours to initiate an investigation following an allegation of sexual abuse or sexual harassment. The investigator confirmed she handles anonymous or third-party reports of sexual abuse and sexual harassment in the same manner as all investigations. She begins by interviewing the individual who reported the allegation. The auditor reviewed the reports for

allegations of sexual abuse and sexual harassment and observed they were received in a timely manner.

115.371 (b)

DCS investigators receive specialized training in sexual abuse investigations involving juveniles. The DCS investigator confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings through classroom and computer-based training. She confirmed she received the required training.

115.371 (c)

The DCS Investigator gathers all evidence, reviews video surveillance footage if available, and interviews alleged victims, suspected perpetrators, and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

The DCS investigator confirmed the first steps in initiating an investigation is contacting the facility where an allegation of sexual abuse or sexual harassment has been made and requesting all available information. This occurs within 24 hours. She then travels to the facility to review any video footage that may be available, and conducts interviews with the alleged victim, alleged perpetrator, and all witnesses. Direct and circumstantial evidence she would be responsible for gathering in an investigation of an incident of sexual abuse would include video footage, interviews, statements, third-party information, etc.

115.371 (d)

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

The DCS investigator confirmed an investigation does not terminate if the source of the allegation recants the allegation.

115.371 (e)

The DCS investigator confirmed when she discovers evidence that a prosecutable crime may have taken place, she consults with prosecutors before conducting compelled interviews.

115.371 (f)

The DCS investigator confirmed she judges the credibility of an alleged victim, suspect, or witness based on evidence. She stated under no circumstance, does she require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g)

The DCS investigator confirmed the efforts she makes during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse include investigating the allegation and coordinating with the DCS PREA Coordinator. She confirmed she documents administrative investigations in written reports. The reports include incident reports, interviews, and all available evidence.

115.371 (h)

The DCS investigator confirmed criminal investigations documented. There were no criminal investigations during the audit period. The investigations are documented in the appropriate TFACTS incident reporting section.

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: Zero (0)

The DCS investigator confirmed cases are referred for prosecution only when there are substantiated allegations of conduct that appears to be criminal.

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.

115.371 (k)

The DCS investigator confirmed an investigation continues when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct.

115.371 (l)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

115.371 (m)

DCS, the Murfreesboro Police Department and the Rutherford Sheriff's Department conduct administrative and criminal investigations into allegations of sexual abuse and sexual harassment.

The Facility Director and PREA Coordinator stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation through communicating with DCS.

The DCS investigator confirmed when an outside agency investigates an incident of sexual abuse in this facility, she would support the investigative process and communicate with the outside agency to remain informed of the progress.

Corrective Action

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 criminal and administrative agency investigations. No corrective action is required.

Standard 115.372: Evidentiary standard for administrative investigations**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.372 (a)**

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures – 2017
2. DCS Policy 14.7 Child Protective Services Investigation Track
3. RCJDC Pre-Audit Questionnaire responses

Interview:

1. Interview with Investigative Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings:

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.

DCS policy states a report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse, as defined in Tennessee Code Annotated 37-1-102 or 37-1-602.

The DCS investigator confirmed she refers to the preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment.

Corrective Action

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 evidentiary standard for administrative investigations. No corrective action is required.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Juvenile Notification of Investigative Outcome

Interviews:

1. Interview with Facility Director
2. Interview with Investigative Staff
3. Interview with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.373 (a)

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.

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: One (1)
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: One (1)

The facility developed and implemented the Juvenile Notification of Investigative Outcome Form 8/4/2020. The Juvenile Notification of Investigative Outcome informs resident who makes an allegation that he or she suffered sexual abuse in an agency facility in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

The Facility Director confirmed resident who makes an allegation of sexual abuse, are informed that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The auditor reviewed the one reported sexual abuse allegation for verification.

115.373 (b)

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: One (1)
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: One (1)

115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

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

The Juvenile Notification of Investigative Outcome form informs the resident whenever:

1. The staff member is no longer posted within the resident's unit (during the investigation, the staff member shall not be in any area with the resident without being directly supervised);
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.

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.

The Juvenile Notification of Investigative Outcome form informs the resident 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.

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: Zero (0)
2. The number of those notifications that were documented: Zero (0)

RCJDC uses the Juvenile Notification of Investigative Outcome form to document its reporting to a resident.

115.373 (f)

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

Corrective Action

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 reporting to residents. No corrective action is required.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.376 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy states sexual conduct between staff, volunteers, contractors, and detainees, regardless of status, is prohibited and subject to administrative and disciplinary sanctions. Staff are subject to disciplinary sanctions up to termination and criminal prosecution for violating sexual abuse and sexual harassment policies.

115.376 (b)

In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: Zero (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: Zero (0)

Policy states sanctions include termination for staff who have engaged in sexual abuse.

115.376 (c)

PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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: Zero (0)

115.376 (d)

PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. 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: Zero (0)

Policy states employees who have committed sexual abuse will face internal discipline, and the facility will also work with law enforcement, if necessary, to aid in the prosecution of such charges to the fullest extent.

Corrective Action

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 disciplinary sanctions for staff. No corrective action is required.

Policy Suggestions

115.376 (c) and (d)

Policy is not fully inclusive of these standard provisions.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. PREA Acknowledgement Statements for Volunteers and Contractors
4. Rutherford County Juvenile Detention Center Volunteer Agreement

Interview:

1. Interview with Facility Director

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.377 (a)

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. 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.

Policy states sexual conduct between staff, volunteers, contractors, and detainees, regardless of status, is prohibited and subject to administrative and disciplinary sanctions. Volunteers or contractors who have committed sexual abuse will face internal discipline, and the facility will also work with law enforcement, if necessary, to aid in the prosecution of such charges to the fullest extent.

115.377 (b)

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.

The Facility Director confirmed that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility takes remedial measures and prohibits further contact with residents.

Corrective Action

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 corrective action for contractors and volunteers. No corrective action is required.

Policy Suggestion

115.377 (a)

Policy is not fully inclusive of this standard provision.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

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

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. PREA Acknowledgement Form
4. PREA Education Session Attendance
5. What You Should Know About Sexual Assault and Sexual Abuse Pamphlet (English and Spanish)
6. PREA Posters (English and Spanish)

Interviews:

1. Interview with Facility Director
2. Interviews with Medical and Mental Health Staff

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.378 (a)

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.

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: Zero (0); Two (2) unsubstantiated allegation of resident-on-resident sexual abuse
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: Zero (0)

Residents may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

115.378 (b)

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.

In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: Zero (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

The Facility director stated disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include loss of rewards and possibly being classified as a sex offender. 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. Isolation is not used as a disciplinary sanction.

115.378 (c)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

The Facility Director stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a

condition of access to any rewards-based behavior management system or other behavior based incentives. Access to general programming or education is not conditional on participation in such interventions.

The mental health staff stated if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions.

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.

115.378 (f)

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

Policy states if an investigation reveals that a detainee makes a false allegation, which he/she in good faith could not have believed to be true, the facility may take action against the detainee.

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.

Corrective Action

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 disciplinary sanctions for residents. No corrective action is required.

Policy Suggestions

115.378 (b), (c), and (e)

Policy is not fully inclusive of these standard provisions.

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interviews with Residents who Disclosed Sexual Victimization at Risk Screening

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.381 (a)

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. 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% (16 residents)

Policy states youth who are identified upon initial screening, or at a later date, as having experienced prior sexual victimization or who previously perpetrated sexual abuse shall be offered a meeting with a qualified mental health professional within seventy-two hours of either admission to the facility or request by the youth.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered. She confirmed the meeting would occur within fourteen (14) days.

The auditor reviewed DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization screenings and follow-up meetings for verification that youth are offered the opportunity to speak with a medical or mental health practitioner per the requirements of the standard.

115.381 (b)

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. 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%

Policy states youth who are identified upon initial screening, or at a later date, as having experienced prior sexual victimization or who previously perpetrated sexual abuse shall be offered a meeting with a qualified mental health professional within seventy-two hours of either admission to the facility or request by the youth.

The Staff Responsible for Risk Screening confirmed that if screening indicates that a resident previously perpetrated sexual abuse, whether in an institutional setting or in the community, a follow-up meeting is offered with a psychologist. She confirmed the meeting would occur within fourteen (14) days. She elaborated that the meeting would occur as soon as 24 hours after intake.

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.

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.

Medical and mental health staff confirmed informed consent from residents is required for residents 18 and older, before reporting about prior sexual victimization that did not occur in an institutional setting.

Corrective Action

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 medical and mental health screenings, history of sexual abuse. No corrective action is required.

Policy Suggestion

115.381 (c) and (d)

Policy is not fully inclusive of these standard provisions.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with Residents who Reported a Sexual Abuse – N/A
3. Interviews with Security Staff and Non-Security Staff First Responders

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):**115.382 (a)**

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding ensures resident victims of sexual abuse while incarcerated shall be offered timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The Medical and Mental Health Staff stated the nature and scope of these services would be determined according to their professional judgment and policy and procedure. They also confirmed resident victims of sexual abuse receive immediate and unimpeded access to emergency medical treatment and crisis intervention services.

115.382 (b)

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 and shall immediately notify the appropriate medical and mental health practitioners. Staff were knowledgeable of their first responder duties.

115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

These services are provided through the Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding.

The medical and mental health staff interviewed confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.

115.382 (d)

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

Treatment services are provided to victims at no financial cost. RCJDC would be responsible for payment of medical and treatment expenses.

Corrective Action

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 access to emergency medical and mental health services. No corrective action is required.

Policy Suggestions

115.382 (a) and (c)

Policy is not fully inclusive of these standard provisions.

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding

Interviews:

1. Interviews with Medical and Mental Health Staff
2. Interviews with Residents who Reported a Sexual Abuse – N/A

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):**115.383 (a)**

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.

Policy states the facility will offer medical and mental health evaluation and appropriate treatment to all youth who have been victimized by sexual abuse.

The auditor observed the facility has mental health and medical staff onsite.

115.383 (b)

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.

The Medical and Mental Health Staff stated residents who have been victimized would be provided follow-up services. Nurses stated the facility would follow ER discharge notes and follow-up requirements. The mental health staff stated mental health services would be provided.

No resident victims of sexual abuse required emergency medical or mental health services within the twelve-month audit period.

115.383 (c)

The facility provides victims with medical and mental health services consistent with the community level of care.

The Medical and Mental Health Staff stated they consider medical and mental health services are consistent with the community level of care.

115.383 (d)

PAQ: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

RCJDC is an all male facility.

115.383 (e)

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.

RCJDC is an all male facility.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections at the ER and/or upon return to the facility. The facility can screen for sexually transmitted infections.

The Rutherford County Child Protective Investigative Team (CPIT) and Child Protective Investigative Management Team (CPIMIT) Interagency Agreement and Memorandum of Understanding would provide these services through Our Kids.

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.

RCJDC provides treatment services without financial cost to victims.

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.

The mental health staff confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

Corrective Action

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 ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

Policy Suggestions

115.383 (d) - (h)

Policy is not fully inclusive of these standard provisions.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Sexual Assault Response Team (SART) Checklist
4. Sexual Abuse Critical Incident Review

Interviews:

1. Interview with Facility Director
2. Interview with PREA Compliance Manager
3. Interview with Incident Review Team Member

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.386 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: Zero (0)

Policy states the administration shall conduct any necessary incident reviews based on current PREA Standards.

115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: Zero (0)

Policy states the administration shall conduct any necessary incident reviews based on current PREA Standards.

The auditor reviewed one (1) unfounded allegation of sexual abuse that did not require a sexual abuse incident review.

115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy states the administration shall conduct any necessary incident reviews based on current PREA Standards.

The Facility Director confirmed the facility has a sexual abuse incident review team that includes administration and allows for input from line supervisors, investigators, and medical or mental health practitioners.

115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

RCJDC previously used Sexual Assault Response Team (SART) Checklist to document reviews. To conduct reviews that are fully compliant with the standard provisions, the facility developed and implemented the Sexual Abuse Critical Incident Review on 8/4/2020.

The Facility Director confirmed the Incident Review 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 are assessed for different shifts. She confirmed the Incident Review Team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PREA Compliance Manager confirmed if the facility conducts a sexual abuse incident review, the facility prepares a report of its findings from the review, including any determinations and any recommendations for improvement. The PREA Compliance Manager is a member of the sexual abuse incident review team.

115.386 (e)

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

The PREA Incident Review Team prepares a report of its findings, including any recommendations for improvement. The facility implements the recommendations for improvement or shall document its reasons for not doing so.

Corrective Action

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 sexual abuse incident reviews. No corrective action is required.

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

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.

Policy states administration will collect, review, and prepare data for purposes of meeting current PREA standards.

The auditor reviewed the Special Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (b)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated data from 2019 and previous years.

115.387 (c)

PAQ: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Policy states administration will collect, review, and prepare data for purposes of meeting current PREA standards.

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.

Policy states administration will collect, review, and prepare data for purposes of meeting current PREA standards.

115.387 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

RCJDC does not contract with other facilities for the confinement of its residents.

115.387 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The DOJ did not request RCJDC provide data from the previous calendar year.

Corrective Action

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 data collection. No corrective action is required.

Standard 115.388: Data review for corrective action**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.388 (a)**

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Annual Reports

Interviews:

1. Interview with the Agency Head Designee (Facility Director)
2. Interview with the PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):

115.388 (a)

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

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and

3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Policy states administration will collect, review, and prepare data for purposes of meeting current PREA standards.

The PREA Coordinator confirmed the facility uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training to identify problem areas and take corrective action as needed. The PREA Compliance Manager 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.

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.

The auditor reviewed the annual reports for verification.

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.

The PREA Coordinator confirmed Facility Director approves the annual reports.

The auditor observed the annual reports were published on the agency's website and approved by the Facility Director at <http://rutherfordcountyttn.gov/jdc/misconduct-reports.html>

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.

The PREA Coordinator stated all identifying information is redacted from the report,

The auditor observed no personal identifiers were included in the annual reports.
<http://rutherfordcountyttn.gov/jdc/misconduct-reports.html>

Corrective Action

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 data review for corrective action. Corrective action has been completed.

115.388 (a-d)

The agency developed an annual report including the standard requirements. The annual reports were published at: <http://rutherfordcountyttn.gov/jdc/misconduct-reports.html>.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. RCJDC Standard Operating Procedures - 2017
2. RCJDC Pre-Audit Questionnaire responses
3. Annual Reports

Interview:

1. Interview with the PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):**115.389 (a)**

PAQ: The agency ensures that incident-based and aggregate data are securely retained.

Policy states administration will collect, review, and prepare data for purposes of meeting current PREA standards.

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.

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.

Policy states administration will collect, review, and prepare data for purposes of meeting current PREA standards.

The auditor observed the annual reports were published on the agency's website and approved by the Facility Director. <http://rutherfordcountyttn.gov/jdc/misconduct-reports.html>.

115.389 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

The auditor observed the annual reports were published on the agency's website. The auditor observed no personal identifiers. <http://rutherfordcountyttn.gov/jdc/misconduct-reports.html>.

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.

The auditor reviewed historical sexual abuse data from 2017 through 2019.

Corrective Action

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 data storage, publication, and destruction. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☒ 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 ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

2. RCJDC Pre-Audit Questionnaire responses
3. Interviews
4. Research
5. Policy Review
6. Document Review
7. Observations during onsite review of facility

During the three-year period starting on August 20, 2013, and the current audit cycle, Rutherford County Juvenile Detention Center was audited in 2014, 2017, and 2020.

The auditor was given access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to conduct private interviews with residents at the facility. An audit notice to was posted more than six weeks prior to the on-site audit. The audit notice contained contact information for the auditor. The staff and 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.

Corrective Action

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.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past

three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. RCJDC Pre-Audit Questionnaire responses
2. Policy Review
3. Documentation Review
4. Interviews
5. Observations during onsite review of facility

All Rutherford County Juvenile Detention Center PREA Audit Reports are published on the agency's website at: <http://rutherfordcountyttn.gov/jdc/misconduct-reports.html>.

Corrective Action

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.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert B. Latham

February 7, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.