

# PREA Facility Audit Report: Final

**Name of Facility:** Bedford County Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 09/18/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert B. Latham	<b>Date of Signature:</b> 09/18/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Latham, Robert
<b>Email:</b>	robertblatham@icloud.com
<b>Start Date of On-Site Audit:</b>	08/09/2023
<b>End Date of On-Site Audit:</b>	08/09/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Bedford County Juvenile Detention Center
<b>Facility physical address:</b>	101 Lane Parkway, Shelbyville, Tennessee - 37160
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Kellee Smith
<b>Email Address:</b>	kellee.smith@bedfordcountyttn.gov
<b>Telephone Number:</b>	931-680-9720

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Kellee Smith
<b>Email Address:</b>	kellee.smith@bedfordcountyttn.gov
<b>Telephone Number:</b>	9316809720

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	9
<b>Current population of facility:</b>	7
<b>Average daily population for the past 12 months:</b>	8
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	12-18
<b>Facility security levels/resident custody levels:</b>	Secure
<b>Number of staff currently employed at the</b>	10

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Bedford County Mayor and Board of Commissioners
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	One Public Square North, Suite 101, Shelbyville, Tennessee - 37160
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Kellee Smith	<b>Email Address:</b>	Kellee.smith@bedfordcountyttn.gov

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

2

- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-08-09
2. End date of the onsite portion of the audit:	2023-08-09

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	1. Just Detention International 2. Tennessee Department of Children's Services 3. Sexual Assault Center 4. Haven of Hope Victim Services, Inc.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	9
15. Average daily population for the past 12 months:	8
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	8
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>10</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>1</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>6</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>All residents were interviewed.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>



<b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b>	There were only 8 residents present. All were interviewed.
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Corroboration strategies included discussions with staff and interviews with residents.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>4</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Gender, race, ethnicity, and languages spoken were considered.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Four staff were on duty during the duration of the planned 2-day audit period.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>Was the site review an active, inquiring process that included the following:</b></p>	
<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

No text provided.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no allegations of sexual abuse.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no allegations of sexual harassment.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

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

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Organizational Chart</li> <li>4. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b> <b>115.311 (a)</b></p>

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.

BCJDC PREA Policy (page 61) BCJDC has a Zero-Tolerance Policy for Sexual Abuse and Sexual Harassment.

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

**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.

BCJDC PREA Policy (page 61) BCJDC has designated a PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

The BCJDC Facility Director serves as the PREA Coordinator. The PREA Coordinator is identified on the facility's organizational chart. The PREA Coordinator confirmed she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.

**115.311 (c)**

BCJDC is a single entity agency. There is no PREA Compliance Manager.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor confirmed the agency and facility is fully compliant with this standard regarding zero tolerance

	of sexual abuse and sexual harassment and designation of an agency wide PREA Coordinator. No corrective action is required.
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115.312	Contracting with other entities for the confinement of residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Findings (By Provision):</b></p> <p><b>115.312 (a)</b> BCJDC does not contract with other facilities for the confinement of residents. The Tennessee Department of Children’s Services (DCS) licenses the operations of BCJDC.</p> <p><b>115.312 (b)</b> DCS conducts monitoring to ensure BCJDC is complying with the PREA standards.</p> <p><b>Conclusion:</b> 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.</p>

115.313	Supervision and monitoring
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. Staffing Plan</li> <li>4. 2021-2023 Staffing Plan Assessments</li> </ol>

5. Security Check Form (PREA Unannounced Rounds)
6. BCJDC Pre-Audit Questionnaire responses

**Interviews:**

1. Interview with the Facility Director
2. Interview with the PREA Coordinator
3. 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 2020 PREA audit:

1. The average daily number of residents: 8
2. The average daily number of residents on which the staffing plan was predicated: 9

BCJDC PREA Policy (page 61) The BCJDC's staffing plan provides for adequate levels of staffing, including video monitoring, to protect juveniles against sexual abuse. The detention center takes into consideration generally accepted juvenile detention practices, any findings of inadequacy, blind spots, the composition of the juvenile population, the number and placement of supervisory staff, programs occurring on a particular shift, 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 Director/PREA Coordinator confirmed BCJDC 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 Director stated she is responsible for the staffing plan and the scheduled work hours for all employees are configured around the staffing plan.

**115.313 (b)**

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

BCJDC PREA Policy (page 61) The BCJDC staffing plan provides for a 1:5 ratio. The detention center complies with the staffing plan except during limited and discrete

exigent circumstances, and documents deviations from the plan during such circumstances.

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 would document all instances of non-compliance with the staffing plan and includes an explanation for non-compliance.

**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 1:5 during resident waking hours. The facility maintains staff ratios of a minimum of 1:5 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: 0
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

BCJDC PREA Policy (page 61) The BCJDC staffing plan provides for a 1:5 ratio.

The Facility Director confirmed BCJDC is obligated by DCS to maintain ratios of staff-to-youth ratios of 1:8 during the day and 1:16 at night. However, the facility exceeds this requirement with ratios of 1:5 both day and night. She ensures the facility maintains appropriate staffing ratios and a male and female officer are always on duty.

**PREA Site Review:** During the site review of the facility the auditor observed the living units were compliant with the staffing ratios. Staff were actively engaging with the residents and providing supervision.

**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.

BCJDC PREA Policy (page 61) Annually the BCJDC assess, determines, and documents whether adjustments are needed to the staffing plan, staffing patterns, video monitoring systems, and the resources the detention center has available to commit to ensure adherence to the staffing plan.

The PREA Coordinator confirmed she is consulted regarding any assessments of, or adjustments to, the staffing plan. She confirmed the assessment occurs annually



and is documented through the Facility Staffing Plan Assessment.

The auditor reviewed the 2021, 2022, and 2023 Facility Annual Staffing Plan Assessments for verification the assessments have occurred, and they are inclusive of the standard provision requirements.

**115.313 (e)**

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

BCJDC PREA Policy (page 61) The Director or other Administration will conduct a walk-through inspection on night shifts as well as day shifts. He/she will be asking for any complaints or the general well-being of each juvenile. This inspection will be done at random times and be unknown to any staff members as to its occurrence. This inspection will also be logged in the daily log journal.

The Facility Director confirmed the unannounced rounds are documented on the Security Check Form. She prevents staff from alerting other staff that she is conducting the unannounced rounds by not announcing they are occurring.

The auditor reviewed Security Check Forms for the 12-month audit period, showing that unannounced rounds are occurring as required by the standard provision.

**Conclusion:**

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

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following evidence was analyzed in making the compliance determination:</b> <b>Documents:</b> 1. BCJDC PREA Policy 2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 3. Training Curriculum for Transgender and Intersex Searches 4. Staff Training Records 5. BCJDC Pre-Audit Questionnaire responses

**Interviews:**

1. Interview with the PREA Coordinator
2. Interviews with a Random Sample of Staff
3. Interviews with a Random Sample of Residents
4. Interviews with Transgendered and Intersex Residents

**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: 0
2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

BCJDC PREA Policy (page 61) BCJDC does not conduct cross-gender strip searches or cross-gender visual body cavity searches except when performed by medical practitioners.

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

BCJDC PREA Policy (page 61) BCJDC does not conduct cross-gender pat-down searches.

Policy review and interviews with staff and residents confirmed cross-gender searches are restricted.

**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.

BCJDC does not conduct cross-gender pat down, strip searches or visual body cavity searches. Policy does not allow any types of cross-gender searches including pat down searches. The facility would document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches if they were to occur.

**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.

BCJDC PREA Policy (page 62) Juveniles shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. Due to female and male staff viewing cameras in the juvenile's rooms, the toilet areas are out of camera view. Additionally, juveniles are required to remain dressed at all times while in their rooms. They wear jump suits during the day and shorts and tee-shirts at night. All clothing changes occur in the shower area. Only same gender staffs supervise showering and clothing changes.

Resident interviews confirmed staff of the opposite gender announce their presence by knocking on the cell doors. The residents all stated they are never naked in full view of staff of the opposite gender. Showers are conducted by staff of the same gender.

Employees of the opposite gender do not enter the shower area where juveniles change clothing except in exigent circumstances. Staff of the opposite gender announce their presence during these occurrences.

Staff interviews confirmed staff of the opposite gender announce their presence by knocking on the cell doors. Staff confirmed residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender.

**PREA Site Review:**

Residents are able to shower, perform bodily functions, and change clothing in the privacy of a single shower behind a door or a shower with a shower curtain. Staff of the same gender monitor showers. No cameras enable viewing of residents in a state of undress, such as showering, using the toilet, and/or changing their clothes. Rules and procedures only allow changing clothes in the shower area. The auditor observed a female staff member announcing her presence before opening cell doors of male residents.

**115.315 (e)**

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

BCJDC PREA Policy (page 62) BCJDC does not search or physically examine a transgender or intersex juvenile for the sole purpose of determining the juvenile's genital status. If the juvenile's genital status is unknown, it may be determined

	<p>during conversations with the juvenile, 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.</p> <p>Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile’s genital status.</p> <p>No residents identified as transgender or intersex during the onsite phase of the audit.</p> <p><b>115.315 (f)</b>  The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%</p> <p>Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs.</p> <p>The auditor reviewed the staff training curriculum and 2023 staff training records for verification the training is provided. The training was completed by 10 staff.</p> <p><b>Conclusion:</b>  Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. BCJDC Limited English Proficiency Policy and Procedure</li> <li>3. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>4. Tennessee Language Center Telephonic Interpretation Services</li> <li>5. Staff Training Records for Residents with Disabilities and Residents with Limited English Proficiency</li> <li>6. PREA Posters with Phone Numbers and Mailing Addresses for Outside Support Services</li> </ol>

7. End Silence Brochure: Youth Speaking Up about Sexual Abuse in Custody (English and Spanish)

8. BCJDC Pre-Audit Questionnaire responses

**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.

BCJDC PREA Policy (page 62) BCJDC takes appropriate steps to ensure that juveniles 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. Juveniles with disabilities are referred to the Tennessee Department of Children's Services (DCS).

Materials are provided in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The Facility Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She provided a written explanation for how the facility provides access to services. Written materials are read to the residents. Staff have access to large print materials and devices such as a magnifying glass. The video has sound and is played in a non-distracting environment. She stated BCJDC had no residents that were blind, had low vision, or were deaf, during the past 3 years.

The auditor reviewed staff training records for PREA-compliant practices for residents with disabilities.

There was one resident, with a learning disability, identified during the onsite audit. She stated staff read the information to her in a manner that she could understand.

**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.

BCJDC PREA Policy (page 62) BCJDC has access to a translator for juveniles who are limited English proficient.

The facility uses Tennessee Language Center Telephonic Interpretation Services for interpreter services. The brochure and posters are available in Spanish. The auditor reviewed staff training records for PREA-compliant practices for residents with Limited English Proficiency.

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

The auditor tested access to interpreter services through the assistance of the intake staff. During the intake demonstration he called Tennessee Language Center Telephonic Interpretation Services and confirm services are available.

**115.316 (c)**

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

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

BCJDC PREA Policy (page 62) Juveniles are not permitted to service as interpreters.

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.

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

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. BCJDC PREA Policy
2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Background Check History
4. Tennessee Department of Children’s Services Database Search Results
5. Employee Questionnaires
6. BCJDC Pre-Audit Questionnaire responses

**Documents (Corrective Action):**

1. Updated Employee Questionnaires (7/12/2023)
2. Applicant Reference Form (7/24/2023)

**Interviews:**

1. 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.

BCJDC PREA Policy (pages 62-63) BCJDC does not hire or promote anyone who may have contact with juveniles, and shall not enlist the services of any contractor, who may have contact with juveniles, who:

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- (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 illegal sexual activity.

These questions are asked during the pre-employment questionnaire during hire, to consider for promotions, and annually during evaluations.

**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.

BCJDC PREA Policy (page 63) BCJDC considers any incidents of sexual harassment in determining whether to hire or promote employees.

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

Through corrective action, the facility updated the Employment Questionnaire to include consideration of any incidents of sexual harassment (7/13/2023). The auditor reviewed 9 completed Employment Questionnaires and observed the questionnaire includes consideration of any incidents of sexual harassment.

**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: 4
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

BCJDC PREA Policy (page 63) New employees are required to:

- (1) Have a valid Driver's License or State ID;
- (2) Pass a Tennessee child abuse and neglect registry check;
- (3) Pass a Tennessee Bureau of Investigation criminal records check;
- (4) Be fingerprinted; and
- (5) Pass a Meth Offender Check

The Facility Director confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions. The facility also consults the Tennessee Department of Children's Services Database.

The auditor reviewed Employee Background Checks and Tennessee Department of



Children's Services Database Search Results for verification. Through corrective action, the facility implemented the Applicant Reference Form (7/24/2023) to document contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

**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 Director confirmed the facility would perform criminal record background checks and consider pertinent civil or administrative adjudications before enlisting the services of any contractor who may have contact with residents. The facility would also consult the Tennessee Department of Children's Services Database.

The facility does not use the services of contractors.

**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.

BCJDC PREA Policy (page 63) Tennessee Bureau of Investigation criminal records checks are re-administered every five years.

The auditor reviewed criminal background record checks of current employees for verification of compliance with the standard provision. Criminal background records checks are conducted annually.

**115.317 (f)**

BCJDC PREA Policy (pages 62-63) BCJDC policy states the facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who has engaged in abuse sexual in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have

engaged in 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.

The Facility Director confirmed BCJDC asks 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. BCJDC also imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

These questions are asked during the hiring process, for promotions and during annual evaluations. The auditor reviewed Employment Questionnaires for verification.

**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.

BCJDC PREA Policy (page 63) Any findings of any criminal activity will result in non-employment and material omissions regarding misconduct, or the provision of materially false information, are grounds for termination.

**115.317 (h)**

The Facility Director confirmed BCJDC would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

**Conclusion and Corrective Action:**

Based upon review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding hiring and promotion decisions. Criminal background records checks are conducted annually. Corrective action is complete.

**115.317 (b)** The facility updated the Employment Questionnaire to include consideration of any incidents of sexual harassment (7/13/2023).

**115.317 (c)** The facility implemented the Applicant Reference Form (7/24/2023) to document contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. BCJDC PREA Policy
2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC Pre-Audit Questionnaire responses

**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.

BCJDC PREA Policy (page 63) In designing or acquiring any new detention center and in planning any substantial expansion or modification of the existing detention center, BCJDC shall consider the effect of the design, acquisition, expansion, or modification upon the Detention Center's ability to protect juveniles from sexual abuse.

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 not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

BCJDC PREA Policy (page 63) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, BCJDC shall consider how such technology may enhance the agency's ability to protect juveniles from sexual abuse.

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

**PREA Site Review:**

The auditor observed the video monitoring system. The facility has 16 cameras.

	<p><b>Conclusion:</b> 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.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 14.25: Special Child Protective Services Investigations</li> <li>3. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>4. Memorandum of Understanding with the Sexual Assault Center (SAC)</li> <li>5. Memorandum of Understanding with Bedford County Sheriff’s Department (BCSD)</li> <li>6. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> <li>2. Interviews with a Random Sample of Staff</li> <li>3. Interviews with Residents who Reported a Sexual Abuse</li> <li>4. SAFE’s/SANE’s</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b> <b>115.321 (a)</b> PAQ: BCJDC is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>BCJDC PREA Policy (page 64) BCJDC is not responsible for conducting administrative or criminal sexual abuse investigations. DCS is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with the BCSD for criminal sexual abuse investigations.</p> <p>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.</p>

**115.321 (b)**

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

BCJDC PREA Policy (page 64) BCJDC has an Agreement with the Bedford County Sheriff's Department (BDS) for criminal investigations of sexual abuse.

**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: 0
2. The number of exams performed by SANEs/SAFEs: 0
3. The number of exams performed by a qualified medical practitioner: 0

BCJDC PREA Policy (page 64) All juveniles who experience sexual abuse are given access to forensic medical examinations in coordination with 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: BCJDC makes a victim advocate from a rape crisis center available to the victim, in person or by other means.

BCJDC PREA Policy (page 64) Qualified victim advocates are available through an agreement with the Sexual Assault Center. Victim advocates shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The facility has a Memorandum of Understanding with the Sexual Assault Center (SAC) for victim advocate services. The auditor confirmed availability of the services through a telephone interview with the SAC Director and reviewing the Memorandum of Understanding. There were no residents who reported a sexual abuse present during the onsite audit.

**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

	<p>supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p>The PREA Coordinator confirmed the Sexual Assault Center (SAC) would provide a qualified victim advocate. There were no residents who reported a sexual abuse present during the onsite audit.</p> <p><b>115.321 (f)</b>  PAQ: BCJDC 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.</p> <p>BCJDC PREA Policy (page 64) BCJDC has an Agreement with the Bedford County Sheriff's Department (BDSB) for criminal investigations of sexual abuse.</p> <p>The auditor reviewed the Memorandum of Understanding with the BDSB and DCS Policy 14.25 Special Child Protective Services Investigations for verification.</p> <p><b>Conclusion:</b>  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.</p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 14.25: Special Child Protective Services Investigations</li> <li>3. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>4. Memorandum of Understanding with Bedford County Sheriff's Department (BCSD)</li> <li>5. Agency Website</li> <li>6. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee (Facility Director)</li> </ol> <p><b>Site Review Observations:</b></p>

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.322 (a)**

PAQ: BCJDC 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: 0
2. The number of allegations resulting in an administrative investigation: N/A
3. The number of allegations referred for criminal investigation: N/A
4. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed: N/A

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 BCJDC 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: BCJDC 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.

BCJDC PREA Policy (page 64) DCS will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse/assault/misconduct/harassment.

**115.322 (c)**

BCJDC PREA policy describes the responsibilities of BCJDC, BCSD, and DCS.

BCJDC PREA Policy (page 65) BCJDC has an Agreement with the BCSD for criminal investigations of sexual abuse. The Agreement describes the responsibilities of both BCJDC and the BCSD.

Upon receiving a complaint, the Director will:

1. Contact the BCSD;
2. Contact the DCS Abuse Hotline;
3. Take disciplinary actions if needed;
4. Remove staff from detention center if necessary; and
5. Send reports, including a Serious Incident Report, to all parties, as mandated by

policy.

The auditor reviewed the published policy and verified the policy describes investigative responsibilities of both BCJDC and DCS. The PREA policy is published on the BCJDC website at [https://www.bedfordcountyttn.gov/courts/juvenile\\_detention/index.php#outer-25](https://www.bedfordcountyttn.gov/courts/juvenile_detention/index.php#outer-25)

**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 and DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA 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.

**Conclusion:**

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.

<b>115.331</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"><li>1. BCJDC PREA Policy</li><li>2. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li><li>3. Training Materials used for Pre-Service and Annual In-Service Training</li><li>4. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification</li></ol>



- of Prison Rape Elimination Act (PREA)  
5. Training Sign-In sheets  
6. BCJDC Pre-Audit Questionnaire responses

**Interviews:**

Interview with a Random Sample of Staff

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings (By Provision):**

**115.331 (a)**

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

BCJDC PREA Policy (page 65) All employees of the BCJDC will be trained annually on all aspects of the PREA Policy including:

(1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.

Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and annually thereafter. The auditor reviewed 2022 staff training records for 9 staff.

**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.

BCJDC PREA Policy (page 65) All BCJDC training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents or only female residents to a facility that houses both male and female only female residents, or vice versa.

	<p>The auditor reviewed staff training records for verification.</p> <p><b>115.331 (c)</b>  PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: continually</p> <p>BCJDC PREA Policy (page 65) All employees of the BCJDC will be trained annually on all aspects of the PREA Policy.</p> <p>The auditor reviewed the PREA training curriculum and staff training records for verification training is received annually.</p> <p><b>115.331 (d)</b>  PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>BCJDC PREA Policy (page 65) All BCJDC staff sign a form acknowledging their understanding of the PREA Policy.</p> <p>The auditor reviewed 2022 staff training records for 9 staff.</p> <p><b>Conclusion:</b>  Based upon review and analysis of the available evidence, the auditor has determined the agency and facility exceeds this standard regarding employee training. Employees are trained annually. No corrective action is required.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)</li> <li>4. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with Volunteers who have Contact with Residents</li> </ol>

**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.

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: 3

BCJDC PREA Policy (page 66) BCJDC uses the services of a volunteer chaplain. The chaplain is always supervised by detention center staff.

The volunteer chaplain is trained on:

- (1) Their responsibilities under the detention center's sexual abuse and sexual harassment prevention, detection, and response policies and procedures,
- (2) The BCJDC zero-tolerance policy regarding sexual abuse and sexual harassment, and
- (3) Informed how to report such incidents.

Contractors do not have contact with the juveniles.

The auditor interviewed 1 volunteer. The volunteer confirmed he has been trained on his responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

**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.

**115.332 (c)**

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

BCJDC PREA Policy (page 66) Volunteers sign a form acknowledging their understanding of the PREA Policy.

The auditor reviewed the volunteer training acknowledgements for 6 volunteers.

**Conclusion:**

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

<b>115.333</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA)</li> <li>4. Sexual Abuse and Harassment Policy Acknowledgement Form</li> <li>5. End Silence: Youth Speaking Up about Sexual Abuse in Custody <ul style="list-style-type: none"> <li>• Billy Speaks Out is for male youth ages 14-18</li> <li>• Sheila’s Dilemma is for female youth ages 14-18</li> <li>• Carlo’s Question is for LGBTQ youth</li> <li>• Mary’s Friend is for female youth ages 10-13</li> <li>• Charlie’s Report is for male youth ages 10-13</li> </ul> </li> <li>6. Resident PREA Education Curriculum</li> <li>7. PREA Video</li> <li>8. PREA Posters with Phone Numbers and Mailing Addresses for Outside Support Services</li> <li>9. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with Intake Staff</li> <li>2. Interviews with a Random Sample of Residents</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.333 (a)</b></p> <p>PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.</p> <p>Of residents admitted during the past 12 months, the number who were given this information at intake: 194</p> <p>BCJDC PREA Policy (page 66) Upon intake all Juveniles will: (1) Complete the PREA assessment; (2) Read PREA Brochure; and (3) Be aware of the Assault Hotline Numbers.</p> <p>The PREA Coordinator confirmed residents are educated on the facility’s zero-tolerance policy on sexual abuse and sexual harassment and how to report during</p>

intake. Written and verbal information on PREA is provided and explained to all residents at 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.

The auditor reviewed intake records of residents entering the facility in the past 12 months and residents interviewed for verification. All 19 residents received the information at intake. This information is documented with the Sexual Abuse and Harassment Policy Acknowledgement Form. The auditor also reviewed relevant education materials including pamphlets, and the "End Silence" Youth Training Booklets.

**115.333 (b)**

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 194

BCJDC PREA Policy (pages 66-67) Within 10 days, there will be class time to insure of the understanding of all aspects of PREA including but not limited to: (1) Detention center policies and procedures for responding to incidents of sexual abuse or sexual harassment; (2) Their rights to be free from sexual abuse and sexual harassment; and (3) Their right to be free from retaliation for reporting such incidents.

The PREA Coordinator confirmed BCJDC 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 then information. She confirmed residents are made aware of these rights within 10 days after intake.

Residents interviewed confirmed they received information about the facility's rules against sexual abuse and harassment.

The auditor reviewed Youth Acknowledgement of PREA Forms for residents entering the facility in the past 12 months and residents interviewed for verification. The documentation indicated all 19 residents received the information within 10 days of intake. The auditor also reviewed the PREA education video.

**115.333 (c)**

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

The PREA Coordinator 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 Youth Acknowledgement of PREA Forms for 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.

BCJDC PREA Policy (page 67) Juvenile education is age-appropriate and provided in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills.

The Facility Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She provided a written explanation for how the facility provides access to services. Written materials are read to the residents. Staff have access to large print materials and devices such as a magnifying glass. The video has sound and is played in a non-distracting environment. BCJDC utilizes the End Silence: Youth Speaking Up about Sexual Abuse in Custody. The series is intended for youth 10-13, 14-18, and LGBTI youth. She stated BCJDC had no residents that were blind, had low vision, or were deaf, during the past 3 years.

The facility uses Tennessee Language Center Telephonic Interpretation Services for interpreter services. The brochure and posters are available in Spanish.

**115.333 (e)**

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

BCJDC PREA Policy (page 67) Upon intake all Juveniles will sign the Youth Acknowledgement and Notification of PREA form.

The auditor reviewed youth acknowledgment forms of residents entering the facility in the past 12 months and residents interviewed for verification resident participation in PREA education sessions is documented.

**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.

BCJDC PREA Policy (page 67) Posters and other educational materials are posted in areas where the juveniles have continuous access to key information such as hotline numbers and information about the detention center's PREA policies.

During the site review the auditor observed pamphlets and other educational materials available in English and Spanish. The information is readable and accessible, consistent, and posted throughout the facility. The posters contain information about PREA, including how to report sexual abuse and sexual harassment, as well as the DCS hotline number.

	<p><b>Conclusion:</b> 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.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 5.2: Professional Development and Training Requirements</li> <li>3. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>4. Memorandum of Understanding with Bedford County Sheriff’s Department</li> <li>5. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p>BCJDC 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.</p> <p>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</p> <p>BCJDC PREA Policy (page 67) The BCSD conducts criminal investigations. The Agreement with the BCSD requires that in addition to the general training provided to all employees pursuant to (115.331) the investigators receive training on:</p> <ol style="list-style-type: none"> <li>1. Conducting investigations in confinement settings;</li> <li>2. Techniques for interviewing juvenile sexual abuse victims;</li> <li>3. Proper use of Miranda and Garrity warnings;</li> <li>4. Sexual abuse evidence collection in confinement settings; and</li> <li>5. The criteria and evidence required to substantiate a case for administrative action or prosecution referral.</li> </ol>

	<p><b>Conclusion:</b> 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.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)</li> <li>4. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff - N/A</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.335 (a)</b> PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> <li>1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 0</li> <li>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: N/A</li> </ol> <p>BCJDC does not employ full time or part-time medical staff or mental health staff.</p> <p><b>115.335 (b)</b> PAQ: BCJDC does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.</p> <p><b>115.335 (c)</b> PAQ: The agency would maintain documentation showing that medical and mental health practitioners have completed the required training.</p> <p><b>115.335 (d)</b></p>



	<p>BCJDC PREA Policy (page 67) BCJDC does not employ full time or part-time medical staff or mental health staff. In addition to the general training provided to all employees pursuant to (115.331) all mental health care practitioners would be trained in:</p> <ol style="list-style-type: none"> <li>1. How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>2. How to preserve physical evidence of sexual abuse;</li> <li>3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and</li> <li>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ol> <p><b>Conclusion:</b> 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. No corrective action is required.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8 Zero -Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. DCS form CS-0946 PREA Risk Assessment</li> <li>4. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Risk Assessment Statement (8/9/2023)</li> <li>2. PREA Risk Assessment - Updated with Identification of Intersex (7/6/2023)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> <li>2. Interview with the Staff Responsible for Risk Screening</li> <li>3. Interviews with a Random Sample of Residents</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b> <b>115.341 (a)</b> PAQ: The agency has a policy that requires screening (upon admission to a facility or</p>

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: 112
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.

BCJDC PREA Policy (pages 67-68) Within 72 hours of the juvenile's arrival at the detention center and every three months throughout their confinement, the detention center shall obtain and use information about each juvenile's personal history and behavior to reduce the risk of sexual abuse by or upon a juvenile.

The auditor reviewed completed PREA Risk Assessments for verification they are completed within 72 hours of entry into the facility. Eleven assessments were reviewed for the 12-month audit period. All of the 11 assessments were completed within 72 hours of intake. Eight assessments were reviewed for residents interviewed. Seven of the 8 assessments were completed within 72 hours of intake. The auditor reviewed risk 7 reassessments conducted at 3-month intervals.

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 or second day at the facility.

Documentation review and interviews revealed that residents who were at the facility within 90 days of readmission were not screened within 72 hours of intake. The PREA Coordinator revealed this was due to an incorrect interpretation of the standard provision requirement. Through corrective action, the agency provided a statement that all residents will be screened within 72 hours of intake (8/9/2023).

**115.341 (b)**

PAQ: Risk assessment is conducted using an objective screening instrument. Such assessments shall be conducted using an objective screening instrument.

The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation for the 12-month audit period.

**115.341 (c)**

BCJDC PREA Policy (page 68) BCJDC 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: (1) prior sexual victimization or abusiveness; (2) 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; (3) current charges and offense history; (4) age; (5) level of emotional and cognitive development; (6) physical size and stature; (7) mental illness or mental disabilities; (8) intellectual or developmental disabilities; (9) physical disabilities; (10) the juvenile's own perception of vulnerability; (11) 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 auditor reviewed the PREA Risk Assessments tool and found it to be inclusive of the required information, except for identification as intersex. The agency provided a statement that identification as intersex has been added to the assessment criteria (7/6/2023).

**115.341 (d)** This 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.

BCJDC PREA Policy (page 68) BCJDC also uses a review of court records, case files, and the DCS initial intake, placement and wellbeing information and history.

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

**115.341 (e)** The agency shall 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.

BCJDC PREA Policy (page 68) Confidential and sensitive information is available only to the Director and the Sergeant on duty.

The PREA Coordinator and Corrections Officer confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, in order to protect sensitive information from exploitation. Access is available to the Facility Director and on a need-to-know basis.

**Conclusion and Corrective Action:**

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

	<p><b>115.341 (a)</b> The agency provided a statement that all residents will be screened within 72 hours of intake (8/9/2023).</p> <p><b>115.341 (c)</b> The agency provided a statement that identification as intersex has been added to the criteria (1/17/2023).</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>5. DCS form CS-0946 DCS form CS-0946 PREA Risk Assessment</li> <li>3. At-Risk Protocol section of DCS form CS-0946</li> <li>4. DCS form CS-1237 Safe Housing Assessment</li> <li>5. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> <li>2. Interview with Staff Responsible for Risk Screening</li> <li>3. Interview with the Facility Director</li> <li>4. Interview with Staff who Supervise Residents in Isolation - N/A</li> <li>5. Interviews with Medical and Mental Health Staff - N/A</li> <li>6. Interviews with Transgendered/Intersex/Gay/Lesbian/Bisexual Residents</li> <li>7. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.342 (a)</b> PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>BCJDC PREA Policy (page 68) All information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for juveniles is made with the goal of keeping all juveniles safe and free from sexual</p>

abuse.

The auditor reviewed Safe Housing Assessments for the residents interviewed and for the 12 month audit period. Assessments designate a resident's risk level and housing placement recommendation. Also, the auditor reviewed the At-Risk Protocol section of form CS-0946 for the 12 month audit period. The protocol includes special housing recommendations, and placement and programming modifications.

The PREA Coordinator stated the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. Risk screenings are reviewed to help make housing decisions based of risk level, size and ages of detainees.

**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

BCJDC does not use isolation. The detention center uses a one bed cell for personal protection or for the wellbeing of other juveniles. The Facility Director confirmed there is no use of isolation.

**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.

BCJDC PREA Policy (page 68) Lesbian, gay, bisexual, transgender, or intersex juveniles are not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Coordinator stated 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.

One resident identified as other. No residents identified as lesbian, gay, bisexual, transgender, or intersex during the onsite phase of the audit. The resident who identified as other, stated he was not placed in a housing unit only for lesbian, gay, bisexual, transgender, or intersex residents.

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

**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.

BCJDC PREA Policy (page 69) In deciding whether to assign a transgender or intersex juvenile to a facility for male or female juveniles, and in making other housing and programming assignments, the detention center considers on a case-by-case basis whether a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems.

The PREA Coordinator stated housing and programming assignments for transgender 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.

BCJDC PREA Policy (page 69) Placement and programming assignments for each transgender or intersex juvenile shall be reassessed at least twice each year to review any threats to safety experienced by the juvenile.

The PREA Coordinator and Staff Responsible for Risk Screening stated placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident. The PREA Coordinator added the reassessments would occur at least every 90 days.

**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.

BCJDC PREA Policy (page 69) BCJDC policy states a transgender or intersex resident's own views with respect to his or her own safety is given serious consideration.

The PREA Coordinator stated 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.

BCJDC PREA Policy (page 69) All juveniles at BCJDC shower individually. Transgender and intersex juveniles shall be given the same opportunity to shower separately from other juveniles.

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

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

Site Review: The auditor observed resident showers are single showers that provide privacy with a door or shower curtain, enabling transgender and intersex residents to shower separately from other residents.

**115.342 (h)**

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:  
1. A statement of the basis for facility's concern for the resident's safety, and  
2. The reason or reasons why alternative means of separation cannot be arranged:  
N/A

No residents at risk of sexual victimization were held in isolation in the past 12 months. BCJDC 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.

No residents at risk of sexual victimization were held in isolation in the past 12 months. BCJDC does not use isolation for residents at risk of sexual victimization.

**Conclusion:**

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

<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. BCJDC PREA Policy
2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
4. Youth Grievance Form
5. Memorandum of Understanding with the Sexual Assault Center (SAC)
6. PREA Posters with Phone Numbers and Mailing Addresses for Outside Support Services
7. End Silence Brochure: Youth Speaking Up about Sexual Abuse in Custody (English and Spanish)
8. Systems Test of the Grievance System
9. Systems Test of External Reporting
10. BCJDC Pre-Audit Questionnaire responses

**Interviews:**

1. Interview with the PREA Coordinator
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.

BCJDC PREA Policy (page 69) When a Juvenile wants to report an allegation, including, sexual abuse or sexual harassment he/she will take the following steps:

1. Call Tennessee DCS Child Abuse hotline. (877-247-0004)
2. Ask the staff for a Grievance Form and pencil
3. Fill out the Grievance form and place it in the slot for Grievance Forms. (Goes directly to the BCJDC Director).

Juveniles can also report retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents by using the grievance process. The juvenile may remain anonymous if they wish.

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 DCS 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.

The auditor observed signage is readable and accessible, consistent, and placed throughout the facility. Signage is provided in English and Spanish. The auditor tested internal reporting by submitting a test grievance. The grievance was responded to the same day.

**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.

BCJDC PREA Policy (page 69) When a Juvenile wants to report an allegation, including, sexual abuse or sexual harassment he/she will take the following steps: Call Tennessee DCS Child Abuse hotline at 877-247-0004.

Juveniles detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The PREA Coordinator identified the DCS 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 DCS 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. They also could identify someone that does not work at the facility they could report to.

Although BCJDC has 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, the facility has not detained youth solely for civil immigration purposes.

The auditor tested external reporting by calling the Tennessee DCS Child Abuse hotline. Posters, located throughout the facility, instruct reporters to dial 877-247-0004.

**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:

Pursuant to Tennessee Code Annotated 37-1-403, 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 detention center. All reports made verbally, in writing, anonymously, by third parties or by any other means must be reported. The facility allows for staff to privately report sexual abuse and sexual harassment of residents by calling the DCS Child Abuse Hotline at 1-877-237-0004.

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 immediately. 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.

The PREA Coordinator 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. Grievance forms are available and are grievances are deposited directly into the Facility Director's Office. Residents have unrestricted use of the phone to contact lawyers or DCS personally and they are notified of DCS and child abuse hotline numbers.

**115.351 (e)**

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

BCJDC PREA Policy (page 69) BCJDC staff may privately report sexual abuse and sexual harassment of juveniles to the Director or the sexual abuse hotline.

Staff interviewed identified the DCS Child Abuse Hotline as a way for them to privately report sexual abuse and sexual harassment of residents.

**Conclusion:**

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.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. BCJDC PREA Policy
2. DCS Policy 14.15: Reporting False Allegations of Child Sexual Abuse
3. DCS Policy 24.5: DOE Youth Grievance Procedures
4. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
5. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
6. Tennessee Code Annotated 37-1-413
7. Youth Grievance Form
8. BCJDC Pre-Audit Questionnaire responses

**Interviews:**

1. Interviews with Residents who Reported a Sexual Abuse

**Site Review Observations:**

Observations during on-site review of physical plant

**Findings:**

This standard does not apply to BCJDC. All resident grievances regarding sexual abuse are investigated externally by DCS.

BCJDC does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. BCJDC policy states residents may report allegations of sexual abuse at any time regardless of when the incident is alleged to have occurred. Residents are not required to, nor should they attempt to resolve with staff an alleged incident of sexual abuse. Incidents are not required to be and should not be referred to the staff member who is the subject of the complaint.

Residents may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties. Third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of BCJDC must document the resident's decision to decline.

Pursuant to Tennessee Code Annotated 37-1-413, any person who either verbally or by written/printed communication reports false accusations of sexual abuse commits a Class E felony. A report made in good faith upon reasonable belief of the alleged incident will not constitute a false report and may not be used as grounds for disciplinary action.

PAQ: In the past 12 months:

The number of grievances that were filed that alleged sexual abuse: 0

**Conclusion:**

	Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. Memorandum of Understanding with the Sexual Assault Center (SAC)</li> <li>4. Our Kids Mission Statement</li> <li>5. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605</li> <li>6. PREA Posters with Phone Numbers and Mailing Addresses for Outside Support Services</li> <li>7. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Documents (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Updated Intake Process: Outside Victim Advocates for Emotional Support Services (8/11/2023)</li> <li>2. Updated Sexual Assault Center Poster (8/11/2023)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> <li>2. Interview with the Facility Director</li> <li>3. Interviews with a Random Sample of Residents</li> <li>4. Interviews with Residents who Reported a Sexual Abuse - N/A</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.353 (a)</b></p> <p>PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Enabling reasonable communication between residents and these organizations,</li> </ol>

in as confidential a manner as possible.

BCJDC PREA Policy (page 70) Qualified victim advocates are available through the Agreement with the DCS Sexual Assault Center. BCJDC provides access to victim advocates by posting mailing addresses and telephone numbers, including a toll-free hotline number.

The facility has a Memorandum of Understanding with Sexual Assault Center (SAC). Resources, including mailing addresses and telephone numbers, including toll free hotline numbers are provided to the residents. Information includes local, state, and national victim advocacy and rape crisis organizations.

Resident interviews revealed differing levels of knowledge of services available outside of the facility for dealing with sexual abuse. As part of corrective action, the facility is including availability of these services during the intake process (8/11/2023).

**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.

BCJDC PREA Policy (page 71) Communication between juveniles and outside support services is provided in a confidential a manner. The juveniles are allowed to make the calls without their conversations being heard by staff. For security purposes they are supervised on the video monitoring system. BCJDC informs juveniles about mandatory reporting laws regarding allegations of sexual abuse.

Through corrective action, the Sexual Assault Center poster indicates victim advocates are mandatory reporters and BCJDC staff will not monitor calls made to the Sexual Assault Center (8/11/2023). The poster is located across from the telephone, giving residents access to the information.

The auditor called the Sexual Assault Center from the resident telephone and confirmed calls could be made.

**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.

BCJDC has a MOU with Sexual Assault Center (SAC) for victim advocates. The auditor reviewed the MOU for verification services are available. The auditor contacted the Sexual Assault Center Director and confirmed victim advocacy is available to the youth at the facility.

	<p><b>115.353 (d)</b>  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.</p> <p>BCJDC PREA Policy (page 71) BCJDC also provides juveniles with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>The Facility Director/PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>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.</p> <p><b>Conclusion and Corrective Action:</b>  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 access to outside support services and legal representation. Corrective action is complete.</p> <p><b>115.353 (a)</b>  The intake process was updated to include additional information about services available outside of the facility for dealing with sexual abuse (8/11/2023).</p> <p><b>115.353 (b)</b>  The Sexual Assault Center poster indicates victim advocates are mandatory reporters and BCJDC staff will not monitor calls made to the Sexual Assault Center (8/11/2023).</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605</li> <li>4. BCJDC Third Party Reporting Form</li> </ol>

	<p>5. Facility Website: <a href="https://www.bedfordcountyttn.gov/courts/juvenile_detention/">https://www.bedfordcountyttn.gov/courts/juvenile_detention/</a>  6. Third-Party Reporting Test  7. BCJDC Pre-Audit Questionnaire responses</p> <p><b>Site Review Observations:</b>  Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b>  <b>115.354 (a)</b>  PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>BCJDC PREA Policy (page 71) BCJDC has a Third-Party Reporting Form to receive third-party reports of sexual abuse and sexual harassment. The form is linked to the detention center’s website at: <a href="https://www.bedfordcountyttn.gov/courts/juvenile_detention/">https://www.bedfordcountyttn.gov/courts/juvenile_detention/</a>.</p> <p>Additionally, a link to the Tennessee Department of Children Services Child Abuse Reporting website is published on the agency’s website. Reports may be made via telephone or otherwise, on the Department of Children’s Services Central Intake Division hotline at 1-877-237-0004 or online (at: <a href="https://apps.tn.gov/carat/referral/emergency.html">https://apps.tn.gov/carat/referral/emergency.html</a>).</p> <p><b>Site Review:</b> The auditor reviewed the information provided on signage and determined it is readable and accessible, accurate and consistent, and placed throughout the facility. The information is provided in English and Spanish. The posters and brochures convey information on third-party reporting including the DCS Hotline number and other reporting methods.</p> <p><b>Systems Test:</b> The auditor tested third-party reporting by following instructions published on the agency’s website. The auditor emailed the Facility Director and the test report was responded to within 12 hours.</p> <p><b>Conclusion:</b>  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.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b>  <b>Documents:</b></p>

1. BCJDC PREA Policy
2. BCJDC Reporting Abuse and Neglect Policy
3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
4. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
5. BCJDC Pre-Audit Questionnaire responses

**Interviews:**

1. Interview with the PREA Coordinator
2. Interview with the Facility Director
3. Interviews with a Random Sample of Staff
4. Interviews with Medical and Mental Health Staff - N/A

**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.

BCJDC PREA Policy (page 71) BCJDC requires all staff to report immediately and according to policy any knowledge, suspicion, or information they receive regarding: an incident of sexual abuse or sexual harassment that occurred in the detention center; retaliation against juveniles or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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. They stated they would report to the BCJDC Facility Director and DCS.

**115.361 (b)**

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

BCJDC PREA Policy (pages 71-72) All staff comply with any applicable mandatory child abuse reporting laws and are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary: 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 interviews confirmed they are aware of Tennessee laws related to mandatory reporting of sexual abuse.

**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.

BCJDC PREA Policy (page 72) Apart from reporting to the designated supervisors and designated state and local services agencies, staff members are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Staff confirmed the detention center 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. They stated they would report to the BCJDC Facility Director and DCS.

**115.361 (d)**

Medical and mental health practitioners are required to report sexual abuse to DCS. They are mandated to follow Duty to Report laws. Medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

BCJDC has no fulltime or part-time medical and mental health practitioners that work in the facility.

**115.361 (e)**

BCJDC PREA Policy (page 72) Victim's parents or legal guardians are notified, unless the detention center has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of

the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the detention center Director will also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The Facility Director/PREA Coordinator confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardians as appropriate. This notification would usually be made immediately. If a juvenile court retains jurisdiction over the alleged victim, the Facility Director shall report the allegation to the juvenile's attorney within 14 days of receiving an allegation. All allegations of sexual abuse and sexual harassment are reported to the DCS Special Investigations Unit. BCJDC does not conduct administrative or criminal investigations.

**115.361 (f)**

BCJDC PREA Policy (page 72) All allegations of sexual abuse must be reported immediately to the DCS Child Abuse Hotline at 1-877-237-0004. In order to provide for immediate action to be taken to assure resident safety, to preserve any evidence, and for immediate reporting to the Department of Children's Services Quality Assurance Division, any staff member observing or having knowledge of any abuse or neglect must report it to their shift supervisor and/or the Director concurrent with making the report to DCS.

The Facility Director confirmed all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

**Conclusion:**

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

<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol>

	<p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee (Facility Director)</li> <li>2. Interview with the Facility Director</li> <li>3. Interviews with a Random Sample of Staff</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings:</b></p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>BCJDC PREA Policy (page 72) When a juvenile is subject to a substantial risk of imminent sexual abuse, BCJDC shall take immediate action to protect the juvenile and the Facility Director is notified.</p> <p>The Facility Director confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. Provisions are put in place to ensure no abuse can occur on a case-by-case basis.</p> <p>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.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> </ol>

3. BCJDC 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: 0

BCJDC PREA Policy (page 73) Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the Facility Director of BCJDC shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency as soon as possible and call the DCS Sexual Abuse Center Hotline no later than 72 hours after receiving the allegation. All notifications will be document and the facility head or agency that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

**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.

BCJDC PREA Policy (page 73) Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the Facility Director of BCJDC shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall notify the appropriate investigative agency as soon as possible and call the DCS Sexual Abuse Center Hotline no later than 72 hours after receiving the allegation.

**115.363 (c)**

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

BCJDC PREA Policy (page 73) All notifications will be documented and the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

**115.363 (d)**

	<p>PAQ: Agency/facility policy requires that allegations received from other facilities/ agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>BCJDC PREA Policy (page 73) All notifications will be documented and the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment.</p> <p>The Facility Director stated when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in the facility, the allegation would be called into the TN DCS hotline. She stated there are no examples of this occurring.</p> <p><b>Conclusion:</b> 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.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. DCS Protocol: First Responder Guidelines for Sexual Assaults</li> <li>4. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Staff First Responder Training Refresher (8/23/2023)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with Security Staff First Responders</li> <li>2. Interviews with a Random Sample of Staff</li> </ol> <p><b>Site Review Observations:</b></p>

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: 0

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: N/A

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: N/A

BCJDC PREA Policy (page 73) Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to:

1. Call for back-up;
2. Separate individuals involved;
3. Do not disturb evidence;
4. 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;
5. 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;
6. Take any emergency medical action if needed;
7. Call DCS Hotline (Get instructions for Emergency Care);
8. Call BCSD (Criminal Investigation);
9. Contact Supervisor and Facility Director;
10. Contact DCS Case Worker and Parents or Legal Guardian; and
11. Complete Serious Incident Report

Additionally, the DCS Protocol: First Responder Guidelines for Sexual Assaults provides in-depth guidelines regarding emergency medical attention, evidence

	<p>collection, and treating both the victim’s and perpetrator’s bodies as crime scenes to safeguard evidence.</p> <p>Staff interviews revealed a need for first responder refresher training. The training was completed through corrective action and a training log was provided to the auditor for review (8/23/2023). The training was completed by 9 staff.</p> <p><b>115.364 (b)</b></p> <p>The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:</p> <ol style="list-style-type: none"> <li>1. Request that the alleged victim not take any actions that could destroy physical evidence.</li> <li>2. Notify security staff.</li> </ol> <p>Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p>BCJDC does not employ non-security staff.</p> <p>Staff first responder refresher training was completed (8/23/2023).</p> <p><b>Conclusion and Corrective Action:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding staff first responder duties. Corrective action is complete.</p> <p><b>115.364 (a &amp; b)</b> Staff first responder refresher training was completed (8/23/2023).</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. DCS Protocol: First Responder Guidelines for Sexual Assaults BCJDC \</li> <li>4. Pre-Audit Questionnaire responses</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Facility Director</li> </ol>

	<p><b>Site Review Observation:</b> Observations during on-site review of physical plant</p> <p><b>Findings:</b> PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>BCJDC PREA Policy (page 73) BCJDC has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The DCS Protocol: First Responder Guidelines for Sexual Assaults coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>BCJDC PREA Policy (page 73) BCJDC has 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 detention center leadership.</p> <p>The Facility Director detailed the steps that would be taken in response to an incident of sexual abuse. First responder duties and the DCS Protocol: First Responder Guidelines for Sexual Assaults is followed.</p> <p><b>Conclusion:</b> 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 a coordinated response. No corrective action is required.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee (Facility Director)</li> </ol> <p><b>Site Review Observations:</b></p>



	<p>Observations during on-site review of physical plant</p> <p><b>Findings (By Provision):</b></p> <p><b>115.366 (a)</b>  PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Facility Director confirmed BCJDC has not entered into or renewed any collective bargaining agreements.</p> <p><b>115.366 (b)</b>  BCJDC has not entered into or renewed any collective bargaining agreements.</p> <p><b>Conclusion:</b>  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.</p>
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115.367	Agency protection against retaliation
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. Protections Against Retaliation Monitoring Form</li> <li>4. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee (Facility Director)</li> <li>2. Interview with the Facility Director</li> <li>3. Interview with the Designated Staff Member Charged with Monitoring Retaliation (PREA Coordinator)</li> <li>4. Interview with Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A</li> <li>5. Interview with Residents who Reported a Sexual Abuse</li> </ol> <p><b>Site Review Observations:</b>  Observations during on-site review of physical plant</p>

**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 of the staff member: Director

BCJDC PREA Policy (page 74) All juveniles and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other juveniles or staff. Retaliation will be monitored by all staff. Monitoring will occur continuously 24/7. Multiple protection measures shall be available such as: room 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.

**115.367 (b)**

BCJDC policy states that for at least 90 days following a report of sexual abuse, staff 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.

The Facility Director/PREA Coordinator stated the facility would protect residents and staff from retaliation for sexual abuse or sexual harassment allegations through housing changes, removal of alleged abusers, and providing emotional support services. 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 sure the youth are safe through no contact with the alleged perpetrator. She confirmed she would initiate contact with residents who have reported sexual abuse.

**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: 0

BCJDC PREA Policy (page 74) For at least 90 days following a report of sexual abuse, staff 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. Juvenile monitoring includes periodic status checks.

BCJDC will monitor any juvenile disciplinary reports, room, or program changes, or negative performance reviews or reassignments of staff.

The detention center shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Facility Director/PREA Coordinator stated measures she would take when she suspects retaliation include housing changes, removal of alleged abusers and providing emotional support services. The things she looks for to detect possible retaliation include changes in behavior. She monitors resident disciplinary reports, program changes, shift reports, and 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 investigation is complete and recommendations from the investigation have been followed.

**115.367 (d)**

BCJDC PREA Policy (page 74) Juvenile monitoring includes periodic status checks.

The PREA Coordinator stated monitoring in the form of periodic status checks occurs for at least 90 days and longer if evidence indicates the need to continue monitoring.

The auditor reviewed the Retaliation Monitoring Log form to verify retaliation monitoring would be documented according to the standard requirements.

**115.367 (e)**

BCJDC PREA Policy (page 74) If any other individual who cooperates with an investigation expresses a fear of retaliation, the detention center shall take appropriate measures to protect that individual against retaliation.

The Agency Head Designee/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 contact status.

**115.367 (f)**

BCJDC PREA Policy (page 74) BCJDC will terminate monitoring if the detention center determines that an allegation is unfounded.

**Conclusion:**

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

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Facility Director</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings:</b></p> <p>PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. 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.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> <li>1. The number of residents who allege to have suffered sexual abuse who were placed in isolation: 0</li> </ol> <p>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.</p> <p>The Facility Director confirmed BCJDC does not use isolation in this manner.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. BCJDC PREA Policy
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. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
5. BCJDC Pre-Audit Questionnaire responses

**Interviews:**

1. Superintendent or Designee (Facility Director)
2. PREA Coordinator
3. Investigative Staff (DCS)
4. Residents who Reported a Sexual Abuse

**Site Review Observations:**

1. Observations during on-site review of physical plant

**Findings (By Provision):**

**115.371 (a)**

PAQ: The agency/facility does not have a policy related to criminal and administrative agency investigations.

BCJDC PREA Policy (page 74) BCJDC is not responsible for conducting administrative or criminal sexual abuse investigations. DCS is responsible for conducting administrative sexual abuse investigations.

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.

There were no reports for allegations of sexual abuse and sexual harassment.

**115.371 (b)**

BCJDC does not conduct criminal investigations.

BCJDC PREA Policy (page 74) DCS is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with the BCSD for criminal sexual abuse investigations.

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.

During the onsite phase of the audit, there were no residents who reported a sexual abuse or sexual harassment allegation.

**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.

There were no criminal investigation reports.

**115.371 (i)**

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

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

BCJDC PREA Policy (page 74) BCJDC cooperates with the BCSD and remains informed about the progress of the investigation.

The Facility Director/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 and requesting information.

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.

**Conclusion:**

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

	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 14.7: Child Protective Services Investigation Track</li> <li>3. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>4. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff (DCS)</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings:</b></p> <p>PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>BCJDC PREA Policy (page 75) BCJDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>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.</p> <p>The DCS investigator confirmed she refers to the preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p>



**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. BCJDC PREA Policy
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Juvenile Notification of Investigation Outcome Form
4. BCJDC Pre-Audit Questionnaire responses

**Interviews:**

1. Interview with the Facility Director
2. Interview with Investigative Staff (DCS)
3. Interview with Residents who Reported a Sexual Abuse

**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 she 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: 0
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: N/A

BCJDC PREA Policy (page 75) Following an investigation into a juvenile's allegation of sexual abuse that occurred at BCJDC, DCS will inform the juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

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

The DCS Investigator confirmed she is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The auditor reviewed the Juvenile Notification of Investigation Outcome Form for verification notifications to residents would include the standard provision requirements. The form indicates whether an allegation was determined to be substantiated, unsubstantiated, or unfounded.

**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: 0
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A

BCJDC PREA Policy (page 75) All relevant information will be requested from DCS.

**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.

BCJDC PREA Policy (page 75) Following a juvenile's allegation that a staff member has committed sexual abuse against a juvenile, DCS shall subsequently inform the juvenile (unless the detention center has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the detention center;
2. The staff member is no longer employed at the detention center;
3. The detention center learns that the staff member has been indicted on a charge related to sexual abuse at the detention center; or
4. The detention center learns that the staff member has been convicted on a charge related to sexual abuse at the detention center.

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

**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

	<p>to sexual abuse within the facility; or</p> <p>2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>BCJDC PREA Policy (page 75) Following a juvenile’s allegation that he or she has been sexually abused by another juvenile, the BCJDC shall subsequently inform the alleged victim whenever:</p> <p>1. The detention center learns that the alleged abuser has been indicted on a charge related to sexual abuse within the detention center; or</p> <p>2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the detention center.</p> <p>The auditor reviewed the Juvenile Notification of Investigation Outcome Form for verification notifications to residents would include the standard provision requirements.</p> <p><b>115.373 (e)</b> PAQ: The agency has a policy that all notifications to residents described under this standard are documented.</p> <p>In the past 12 months:</p> <p>1. The number of notifications to residents that were made pursuant to this standard: 0</p> <p>2. The number of those notifications that were documented: N/A</p> <p>BCJDC PREA Policy (page 75) All such notifications or attempted notifications shall be documented.</p> <p>The auditor reviewed the Juvenile Notification of Investigation Outcome Form for verification notifications to residents would be documented.</p> <p><b>115.373 (f)</b> BCJDC PREA Policy (page 75) BCJDC’s obligation to report under this standard shall terminate if the juvenile is released from the detention center’s custody.</p> <p><b>Conclusion:</b> 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.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following evidence was analyzed in making the compliance determination:</b>

**Documents:**

1. BCJDC PREA Policy
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. BCJDC 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.

BCJDC PREA Policy (page 75) BCJDC Staff shall be subject to disciplinary sanctions up to and including termination for violating detention center sexual abuse or sexual harassment policies. Staff who have engaged in sexual abuse shall be terminated.

**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: 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: N/A

Any employee who is found to have perpetrated or participated in sexual abuse, sexual assault, sexual misconduct, rape, sexual harassment of a resident, or harassment to a witness of these acts, will be terminated.

**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: 0

BCJDC PREA Policy (page 76) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

**115.376 (d)**

PAQ: All terminations for violations of agency sexual abuse or sexual harassment

	<p>policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>BCJDC PREA Policy (page 76) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p><b>Conclusion:</b> 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.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interview:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Facility Director</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b> <b>115.377 (a)</b> PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p>

	<p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>BCJDC PREA Policy (page 76) BCJDC shall terminate the services of any volunteer who sexually abuses a juvenile and report the abuse to law enforcement agencies and relevant licensing bodies. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p><b>115.377 (b)</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.</p> <p>The Facility Director confirmed the facility does not use the services of volunteers or contractors.</p> <p><b>Conclusion:</b> 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.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with the Facility Director</li> <li>2. Interviews with Medical and Mental Health Staff - N/A</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b> <b>115.378 (a)</b></p>

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

BCJDC PREA Policy (page 76) A juvenile may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse.

**115.378 (b)**

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: 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

BCJDC does not use isolation as a disciplinary sanction. The Facility director stated disciplinary sanctions residents subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include counseling provided by DCS. 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)**

BCJDC PREA Policy (page 76) The disciplinary process shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior

when determining what type of sanction, if any, should be imposed. DCS caseworker offers counseling.

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.

BCJDC PREA Policy (page 76) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

**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.

BCJDC PREA Policy (page 77) BCJDC may discipline a juvenile for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

**115.378 (f)**

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

BCJDC PREA Policy (page 77) A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**115.378 (g)**

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

BCJDC PREA Policy (page 77) BCJDC prohibits all sexual activity between juveniles and disciplines juveniles for such activity. If the sexual activity is not coerced it is not considered sexual abuse.



**Conclusion:**

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

115.381	Medical and mental health screenings; history of sexual abuse
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. PREA Risk Assessment</li> <li>4. Treatment Notes</li> <li>5. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interviews with Residents who Disclosed Sexual Victimization at Risk Screening</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b></p> <p><b>115.381 (a)</b></p> <p>PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%</p> <p>BCJDC PREA Policy (page 77) Juveniles are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening if the screening indicates prior sexual victimization or perpetrated sexual abuse in an institutional setting or in the community. These services are provided by DCS.</p>

The PREA Coordinator 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 with a psychologist. She confirmed the meeting would occur within fourteen (14) days.

The auditor reviewed risk assessments and documented counseling notes for residents who disclosed prior sexual victimization during risk screening.

During the onsite phase of the audit, no residents were identified as reporting prior sexual victimization during risk screening.

**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%

Due to the short-term nature of the facility most juveniles were released prior to receiving a follow-up meeting.

BCJDC PREA Policy (page 77) Juveniles are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening if the screening indicates prior sexual victimization or perpetrated sexual abuse in an institutional setting or in the community. These services are provided by DCS.

The PREA Coordinator 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.

**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.

BCJDC PREA Policy (page 77) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

**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.

	<p>BCJDC PREA Policy (page 77) Medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting unless the juvenile is under the age of 18.</p> <p>BCJDC does not employ medical or mental health staff.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings, history of sexual abuse. No corrective action is required.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Document (Corrective Action):</b></p> <ol style="list-style-type: none"> <li>1. Staff First Responder Training Refresher (8/23/2023)</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff - N/A</li> <li>2. Interviews with Residents who Reported a Sexual Abuse</li> <li>3. Interviews with Security Staff First Responders</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b> <b>115.382 (a)</b> 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</p>

information and services concerning sexually transmitted infection prophylaxis.

BCJDC PREA Policy (page 77) Juvenile victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services through DCS.

Services would be available to resident victims of sexual abuse through the Sexual Assault Center (SAC) and the Our Kids Center in Nashville.

**115.382 (b)**

BCJDC PREA Policy (page 77) Staff first responders shall take preliminary steps to protect the victim.

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 interviews revealed a need for first responder refresher training. The training was completed through corrective action and a training log was provided to the auditor for review (8/23/2023). The training was completed by 9 staff.

**115.382 (c)**

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to 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 and services concerning sexually transmitted infection prophylaxis.

BCJDC PREA Policy (pages 77-78)) Juvenile victims of sexual abuse while at BCJDC 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.

**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.

BCJDC PREA Policy (page 78) Juvenile treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Conclusion and 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

	<p>access to emergency medical and mental health services. Corrective action is complete.</p> <p><b>115.382 (b)</b> Staff first responder refresher training was completed (8/23/2023).</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Interviews with Medical and Mental Health Staff – N/A</li> <li>2. Interviews with Residents who Reported a Sexual Abuse</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b></p> <p><b>115.383 (a)</b></p> <p>PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>BCJDC PREA Policy (page 78) In coordination with DCS, BCJDC offers medical and mental health evaluations and as appropriate, treatment to all juveniles who have been victimized by sexual abuse.</p> <p>Mental health and medical services are provided offsite.</p> <p><b>115.383 (b)</b></p> <p>BCJDC PREA Policy (page 78) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>The Facility Director confirmed residents who have been victimized would be offered follow-up care.</p>

**115.383 (c)**

BCJDC PREA Policy (page 78) Medical and mental health services are consistent with the community level of care.

BCJDC does not employ medical or mental health staff.

**115.383 (d)**

BCJDC policy states female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

**115.383 (e)**

BCJDC PREA Policy (page 78) If pregnancy results from sexual abuse involving vaginal penetration, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

BCJDC does not employ medical or mental health staff.

**115.383 (f)**

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

BCJDC PREA Policy (page 78) Victims of sexual abuse while at the BCJDC shall be offered tests for sexually transmitted infections as medically appropriate.

BCJDC does not employ medical or mental health staff.

**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.

BCJDC PREA Policy (page 78) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**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.

BCJDC PREA Policy (page 78) The detention center shall attempt to have a mental health evaluation completed on all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

BCJDC does not employ medical or mental health staff.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding

	ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Interviews:</b></p> <ol style="list-style-type: none"> <li>1. Superintendent or Designee (Facility Director)</li> <li>2. PREA Compliance Manager</li> <li>3. Incident Review Team</li> </ol> <p><b>Site Review Observations:</b></p> <p>Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b></p> <p><b>115.386 (a)</b></p> <p>PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0</p> <p>BCJDC PREA Policy (page 78) BCJDC conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation (within 30 days), including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p><b>115.386 (b)</b></p> <p>PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0</p>

**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.

BCJDC PREA Policy (page 79) BCJDC policy states the review team shall include the BCJDC Director, sergeants and DCS investigative staff.

The Facility Director confirmed the facility has a sexual abuse incident review team.

**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.

BCJDC PREA Policy (page 79) BCJDC review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; (6) Prepare a report of its findings and recommendations, including recommendations for improvement. The Director will maintain the report; and (7) The detention center shall implement the recommendations for improvement or shall document its reasons for not doing so.

The Facility Director/PREA Coordinator confirmed the sexual abuse incident review team uses the information from the sexual abuse incident review to identify problems and make corrective actions. The team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; and/or other group dynamics at the facility; the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The facility prepares a report of its findings from the review, including any determinations any recommendations for improvement. The PREA Coordinator is a member of the sexual abuse incident review team.

The auditor observed the Sexual Abuse Incident Review Form is inclusive of the standard requirements.

**115.386 (e)**

PAQ: The facility implements the recommendations for improvement or documents



	<p>its reasons for not doing so.</p> <p>BCJDC PREA Policy (page 79) The review team will prepare a report of its findings and recommendations, including recommendations for improvement. The Director will maintain the report and the detention center shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>The auditor observed the Sexual Abuse Incident Review Form is inclusive of the standard requirements.</p> <p><b>Conclusion:</b> 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.</p>
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<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>The following evidence was analyzed in making the compliance determination:</b></p> <p><b>Documents:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC PREA Policy</li> <li>2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA</li> <li>3. Annual Reports</li> <li>4. Survey of Sexual Victimization Substantiated Incident Form (Juvenile)</li> <li>5. BCJDC Pre-Audit Questionnaire responses</li> </ol> <p><b>Site Review Observations:</b> Observations during on-site review of physical plant</p> <p><b>Findings (by provision):</b> <b>115.387 (a)</b> 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 Violence conducted by the Department of Justice.</p> <p>BCJDC PREA Policy (page 79) BCJDC shall collect accurate, uniform data for every allegation of sexual abuse using the DOJ Form SSV-IJ Survey of Sexual Victimization Incident Report, standardized instrument and set of definitions. 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 Victimization</p>

conducted by the Department of Justice.

**115.387 (b)**

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

BCJDC PREA Policy (page 79) The detention center shall aggregate the incident-based sexual abuse data at least annually.

The auditor reviewed aggregated data from 2017-2022.

**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.

BCJDC PREA Policy (page 79) 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 Victimization conducted by the Department of Justice.

The auditor reviewed the instrument for verification.

**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.

BCJDC PREA Policy (page 79) The detention center shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**115.387 (e) N/A**

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

BCJDC does not contract with other facilities for the confinement of its residents.

**115.387 (f) N/A**

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 BCJDC provide data from the previous calendar year.

**Conclusion:**

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**The following evidence was analyzed in making the compliance determination:**

**Documents:**

1. BCJDC PREA Policy
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Annual Reports
4. BCJDC Pre-Audit Questionnaire responses

**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.

BCJDC PREA Policy (page 80) BCJDC shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the detention center.

The Facility Director/PREA Coordinator stated 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.

**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.

BCJDC PREA Policy (page 80) The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the annual reports for verification the reports 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.

**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.

BCJDC PREA Policy (page 80) The detention center’s report shall be approved by the Director and made readily available to the public through its website.

The Facility Director confirmed she approves annual reports.

The auditor observed the annual reports were published on the agency’s website and approved by the agency head (Facility Director) at [https://www.bedfordcountyttn.gov/courts/juvenile\\_detention/](https://www.bedfordcountyttn.gov/courts/juvenile_detention/).

**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.

BCJDC PREA Policy (page 80) The detention center may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the detention center but must indicate the nature of the material redacted.

The PREA Coordinator stated names and identifying information is redacted from the annual report.

The auditor observed no personal identifiers were included in the annual report at [https://www.bedfordcountyttn.gov/courts/juvenile\\_detention/](https://www.bedfordcountyttn.gov/courts/juvenile_detention/).

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

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>The following evidence was analyzed in making the compliance determination:</b>

**Documents:**

1. BCJDC Policy PREA
2. DCS Policy 18.8: Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
3. Annual Reports
4. BCJDC Pre-Audit Questionnaire responses

**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.

BCJDC PREA Policy (page 80) BCJDC shall ensure that data collected pursuant to § 115.387 are securely retained.

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.

**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.

BCJDC PREA Policy (page 80) BCJDC shall make all aggregated sexual abuse data readily available to the public at least annually through its website.

The auditor observed the annual reports were published on the agency's website at [https://www.bedfordcountyttn.gov/courts/juvenile\\_detention/](https://www.bedfordcountyttn.gov/courts/juvenile_detention/).

**115.389 (c)**

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

BCJDC PREA Policy (page 80) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

The auditor observed the annual reports were published on the agency's website. The auditor observed the annual reports were published on the agency's website at [https://www.bedfordcountyttn.gov/courts/juvenile\\_detention/](https://www.bedfordcountyttn.gov/courts/juvenile_detention/).

**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,

	<p>State or local law requires otherwise.</p> <p>BCJDC PREA Policy (page 80) All sexual abuse data collected pursuant to § 115.387 shall be maintained in the juvenile files for at least 10 years after the date of its initial collection.</p> <p>The auditor reviewed sexual abuse data for 2017-2022.</p> <p><b>Conclusion:</b> 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.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"> <li>1. BCJDC Pre-Audit Questionnaire responses</li> <li>2. Policy Review</li> <li>3. Research</li> <li>4. Documentation Review</li> <li>5. Interviews</li> <li>6. Observations during onsite review of facility</li> </ol> <p><b>Conclusion:</b> During the three-year period starting on August 20, 2013, and the current audit cycle, Bedford County Juvenile Detention Center was audited in 2014, 2017, 2020, and 2023.</p> <p>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. The auditor sent an audit notice to the facility more than six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p><b>Conclusion:</b> Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>The following evidence was analyzed in making the compliance determination:</b></p> <ol style="list-style-type: none"><li>1. BCJDC Pre-Audit Questionnaire responses</li><li>2. Policy Review</li><li>3. Documentation Review</li><li>4. Interviews</li><li>5. Observations during onsite review of facility</li></ol> <p>All Bedford County Juvenile Detention Center PREA Audit Reports are published on the agency's website at <a href="https://www.bedfordcountyttn.gov/courts/juvenile_detention/">https://www.bedfordcountyttn.gov/courts/juvenile_detention/</a>.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	



	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes



	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	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.)	na
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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. )	na
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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).)	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).)	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).)	na
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na



<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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.)	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.)	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.)	na
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	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.)	na
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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.)	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.)	na
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	



	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.)	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.)	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.)	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.)	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.)	na
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	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.)	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.)	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.)	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.)	na
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

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

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes



<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes



	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes