

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## Juvenile Facility



<b>Name of facility:</b> Bedford County Juvenile Detention Center			
<b>Physical address:</b> 101 Lane Parkway, Shelbyville, TN 37160			
<b>Date report submitted:</b> January 13, 2015			
<b>Auditor Information</b> Latham Corrections Consulting LLC (Robert B. Latham)			
Address: 677 Idlewild Circle, Birmingham, AL 35205			
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<b>Date of facility visit:</b> October 21, 2014 and Corrective Actions Follow-up Visit December 30, 2014			
<b>Facility Information</b>			
Facility mailing address: same as above			
Telephone number: 931-680-9720			
<b>The facility is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Other
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<b>Agency Information</b>			
<b>Name of agency:</b> Bedford County Executive Office of the Mayor, Corrections Division			
<b>Governing authority or parent agency (if applicable):</b> not applicable			
<b>Physical address:</b> 1 Public Square Suite , Suite 101, Shelbyville, TN 37160			
<b>Mailing address:</b> same as above			
<b>Telephone number:</b> 931-684-7944			
<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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Email address: michael.bennett@bedforcountyttn.org		<b>Telephone number:</b>	931-680-9720

# AUDIT FINDINGS

## NARRATIVE:

The Bedford County Juvenile Detention Center (BCJDC) is a twenty-four hour juvenile detention center located in Shelbyville, Tennessee. BCJDC is certified by the Tennessee Department of Children Services (DCS). The facility has the capacity to provide secure housing for up to thirteen male and female juveniles from surrounding counties and DCS. The juveniles are detained until their scheduled court date or until they are assigned placement within the DCS system.

The facility currently employs eleven staff. In addition to the Director, there are four Sergeants and six Detention Officers; five are female and five male. Medical Services are provided by the DCS Our Kids Program in Nashville, locally by the Heritage Medical Center and additionally by a nurse employed with the Bedford County Sheriff's Department (BCSD). Mental Health services are provided by a local psychologist, Dr. Timothy McConkey. Educational services for short term residents are coordinated by their school and DCS provides educational services to the residents waiting for placement within the DCS system. A case manager is available through DCS. Visitation, recreation and exercise are included in the daily activity schedule. The average length of stay is approximately 5 days.

## DESCRIPTION OF FACILITY CHARACTERISTICS:

BCJDC is a one story, one building facility consisting of the Director's office, a lobby, staff restroom and storage, a central communications center referred to as "the Tower", a visitation area, booking area, single resident shower with shower curtain, a recreation area and a dayroom. There are five cells containing one to three beds. Cameras are located throughout the facility including in the resident's cells. There are no identifiable blind spots. All areas of the facility, including resident cells are viewed on a video monitoring system located in the Tower.

## SUMMARY OF AUDIT FINDINGS:

The notification of the initial onsite audit was posted on September 12, 2014, approximately six weeks prior to the date of the onsite audit. Also, a second notice was posted prior to the follow-up onsite visit. The posting of the notices was verified by an affirmative email requested from the Detention Center Director. Also, the notices were easily viewed during the both onsite visits. The notices were posted in various locations throughout the facility including the living areas, administrative area and booking area.

The Pre-Audit Questionnaire, policies and some supporting documentation were received prior to the initial onsite visit. The information was uploaded to a USB drive. Additional documentation was provided during the initial onsite visit, during the initial report writing period, and during the corrective actions period. Noting areas in need of improvement, the Auditor assisted the PREA Coordinator by providing examples of MOU's and agreements to assist in developing the required services for BCJDC. The Auditor provided the PREA Coordinator with detailed instructions for accomplishing compliance with each standard and listed all policy inclusions and suggested documentation prior to the initial onsite visit.

The initial onsite audit was conducted October 21, 2014. After meeting with the facility's Director/PREA Compliance Manager a complete tour of the facility was conducted. During the tour residents were observed to be under constant supervision of the staff while involved in various activities. Although the facility is located in an older building, it was clean and orderly. No blind spots were observed. The Director stated there is the possibility a new facility may be built in the near future.

During the initial onsite visit, all staff and residents were interviewed. In addition to the Director, one Sergeant, two Detention Officers and ten residents were present. Interviews revealed the Detention staff were knowledgeable of PREA standards and were able to elaborate on their various duties and training topics. Residents were well informed of their right to be free from sexual abuse and harassment and although they could not state all avenues to report sexual abuse and harassment they could name some ways such as reporting directly to staff, the grievance process and access to a hotline number.

One resident required a Spanish language interpreter for the interview. A court affiliated interpreter was readily available to assist with the interview. Spanish language posters were posted, including a sexual assault and abuse hotline number. In addition to the court interpreter, the facility also employs a Spanish/English bilingual staff member.

Another resident reported that she identified as being bisexual. She reported that staff ascertained her sexual orientation during the intake process and that she has been treated in the same respectful manner as all of the residents.

Initially some residents had difficulty identifying what outside services were available to them, but during the follow-up onsite visit on December 30, 2014, an additional selection of residents was interviewed to confirm proposed improvements in resident PREA education. The residents demonstrated a significantly improved knowledge of all aspects of PREA after the corrective action period and proposed changes were implemented. The Director provided additional PREA education and posted additional educational materials in more accessible areas.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Not Applicable: 0

**115.311 - Zero tolerance of sexual abuse and sexual harassment;  
PREA coordinator**

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

Compliance with this standard was determined by the following:

BCJDC Policy mandates zero tolerance toward all forms of sexual abuse and harassment.

Policy indicates how it will implement the zero tolerance approach to preventing, detecting, and responding to sexual abuse and harassment.

Policy contains definitions of sexual abuse and harassment and sanctions for participating in prohibited behaviors.

The facility Director serves as the PREA Coordinator. During the interview the Director stated that he has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. The PREA Coordinator reports all allegations to DSC.

**115.312 - Contracting with other entities for the confinement of residents**

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

Compliance with this standard was determined by the following:

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

### **115.313 – Supervision and Monitoring**

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

Compliance with this standard was determined by the following:

BCJDC Policy requires a 1:5 staff to resident ratio during both twelve hour shifts. The staffing plan is based on the facilities rated capacity of 13 beds. The facility's staffing plan was reviewed and found to be in compliance with this standard.

The facility did not deviate from its staffing plan in the past 12 months.

Work schedules demonstrated three staff of both genders are always on duty.

BCJDC effectively uses its Sergeants and Detention Officers to protect residents from sexual abuse and harassment.

Supervisory staff conduct and document unannounced rounds on all shifts. Documentation is included in the shift reports.

### **115.315 – Limits to Cross-Gender Viewing and Searches**

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

The following components of this standard were initially in compliance:

BCJDC policy prohibits cross gender searches of residents by staff. Resident interviews confirmed pat-down and step searches are conducted by staff of the same gender.

Resident interviews also indicated that showering is supervised by staff of the same gender. Residents are required to remove their clothing and shower behind the privacy of a shower curtain.

The remaining components of this standard are in compliance following corrective actions:

1. Policy and procedures were amended to include prohibitions of staff conducting a search or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
2. Policy and procedures were amended to enable residents to perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Cameras within the cells of both female and male residents are viewed by staff of both genders. However, a strict dress code is in place that requires residents only change clothing in the shower area. In all other areas of the facility, including their sleeping areas, the residents are clothed at all times.
3. Initially, one camera within a cell captured a toilet, allowing for staff of both genders to view both female and male residents performing bodily functions. The Director repositioned the camera so the toilet area is out of camera view. The Auditor confirmed this change during the follow-up onsite visit.
4. Policy and practice was amended to require staff of the opposite gender announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

### **115.316 – Residents with Disabilities and Inmates who are Limited English Proficient**

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

Compliance with this standard was determined by the following:

BDJDC policy states residents are not used as interpreters. An interpreter is available through the court and the facility has a bilingual Spanish/English speaking staff member. Resident interviews included the assistance of a Spanish language interpreter.

The interview with the Director confirmed residents with disabilities would be referred to DCS to ensure they have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment.

### **115.317 – Hiring and Promotion Decisions**

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

Compliance with this standard was determined by the following:

BCJDC policy requires all new employees be fingerprinted, pass a Tennessee Bureau of Investigation (TBI) background records check, and have a record free of sexual or physical abuse convictions by consulting state and local child abuse registries.

TBI criminal background checks are re-administered every five years.

A review of staff files revealed that all employees had documented criminal background checks.

### **115.318 – Upgrades to Facilities and Technology**

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

Compliance with this standard was determined by the following:

BCJDC utilizes a video monitoring system with cameras located throughout the facility.

During the interview process the Director indicated the desire to update the camera system, dependent on available resources.

The camera mentioned in 115.315 will be repositioned away from the toilet to allow both female and male residents privacy when performing bodily functions.

### **115.321 – Evidence Protocol and Forensic Medical Examinations**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Compliance with this standard was determined by the following:

BCJDC has a MOU with the Bedford County Sheriff's Department for both administrative and criminal investigations of sexual assault and abuse allegations.

The MOU states that referrals for forensic examinations will be made to DCS.

The Our Kids program provides qualified medical practitioners for forensic examinations and victim advocacy services to the residents of BCJDC. This was verified by a telephone interview with a representative of the Our Kids Program.

BCJDC has a MOU with the Tennessee Department of Children's Services Sexual Assault Center (SAC). SAC provides victim advocacy and crisis intervention services.

### **115.322 – Policies to Ensure Referrals of Allegations for Investigations**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Compliance with this standard was determined by the following:

BCJDC has a MOU with the Bedford County Sheriff's Department for both administrative and criminal investigations of sexual assault and abuse allegations.

The MOU describes the responsibilities for both BCJDC and BCSD.

### **115.331 – Employee Training**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Compliance with this standard was determined by the following:



BCJDC policy and the training curriculum indicate employees are trained annually on all required training topics.

Staff training records and staff interviews confirmed the Director, Sergeants and Detention Officers received PREA training during the 2014 Calendar year.

Employee training records were reviewed by the Auditor and knowledge and understanding of the information was confirmed during staff interviews.

### **115.332– Volunteer and Contractor Training**

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

Compliance with this standard was determined by the following:

BCJDC has no volunteers or contractors that have contact with the residents.

The Director stated during the interview that residents are never in contact with contractors and the Detention Center does not use volunteers.

### **115.333 – Resident Education**

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

Compliance with this standard was determined by the following:

BCJDC policy requires that all juveniles are trained on PREA related topics during intake. They sign an acknowledgement form indicating receipt of the training. This information is presented in an age appropriate fashion and covers the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

Residents sign an acknowledgement form confirming receipt of PREA education and associated reference materials.

Materials are available in accessible formats and English and Spanish language posters including the hotline number are posted. The Director agreed to place additional posters

to enable residents more access to the information and hotline numbers and increase the resident PREA education. This was verified during the follow-up onsite visit.

### **115.334 – Specialized Training: Investigations**

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

Compliance with this standard was determined by the following:

BCJDC has a MOU with the Bedford County Sheriff's Department for administrative and criminal investigations.

### **115.335 – Specialized training: Medical and mental health care**

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

Compliance with this standard was determined by the following:

BCJDC does not employ full time or part-time medical staff or mental health staff.

### **115.341 – Screening for Risk of Victimization and Abusiveness**

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

Compliance with this standard was determined by the following:

BCJDC policy requires all juveniles are screened for risk of sexual victimization and abusiveness on the first day at the Detention Center. Policy also states there will be a reassessment every 30 days.

Juvenile and staff interviews confirmed the risk assessment screen is administered on the day of admission.

### **115.342 – Use of Screening Information**

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

Compliance with this standard was determined by the following:

BCJDC policy states the Director will review each assessment and determine if there is any further action needed. If needed a resident may be placed in a single bed cell for his or her personal safety.

The Detention Center does not have an isolation cell. Residents determined to be at risk of sexual victimization are assigned to the single bed cell.

Housing and program assignments for all residents are made on a case-by case basis and reassessed every 30 days.

Staff and resident interviews confirmed LGBTI residents are not placed in particular housing, nor is their identification or status considered an indicator of a likelihood of being sexually abusive.

All residents shower separately behind the privacy of a shower curtain.

### **115.351 – Inmate Reporting**

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

The following components of this standard were initially in compliance:

BCJDC policy provides several internal ways for residents to report sexual abuse, sexual harassment and retaliation, including contacting the DCS Sexual Abuse Center hotline.

A MOU is maintained with the DCS Sexual Abuse Center.

Policy requires staff to accept reports from residents and report them immediately to the Director. Reports are documented using the Sexual Incident Form.

The remaining components of this standard are in compliance following corrective actions:

1. Policy and procedures were amended to include information regarding residents detained for civil immigration purposes, including contact information for the Tennessee Department of Homeland Security.
2. Residents are provided information on how to contact relevant consular officials and the contact information for the Tennessee Department of Homeland Security. This information is posted in the living areas.
3. Policy and procedures were amended to include residents' ability to make anonymous reports.
4. Policy and procedures were amended to include the availability for third party reporting. The Director developed a Third Party Reporting Form which was added as a link on the Facility's website. The Auditor confirmed the form was linked to the Facility's website.

### **115.352 – Exhaustion of Administrative Remedies**

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

Compliance with this standard was determined by the following:

BCJDC policy provides for reports to be made as emergency grievances if a juvenile is subject to a substantial risk of imminent sexual abuse. There have been no complaints relating to sexual abuse or sexual harassment received in this reporting period.

Staff and resident interviews confirmed an understanding of the grievance system process.

### **115.353 – Resident Access to Outside Confidential Support Services**

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

Compliance with this standard was determined by the following:

BDJDC policy states that residents have access to victim advocacy services for emotional support related to sexual abuse. Policy also provides resident with confidential access to their attorneys, other legal representation, and parents or legal guardians.

Resident written materials and posters provide contact information for these services.

The facility has a MOU with the Sexual Assault Center (SAC) to provide emotional support related to sexual abuse.

### **115.354 – Third-Party Reporting**

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

This standard is in compliance following corrective actions:

The Director developed a Third Party Reporting Form which was added as a link on the Facility's website. The Auditor confirmed the form was linked to the Facility's website.

### **115.361 – Staff and Agency Reporting Duties**

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

Compliance with this standard was determined by the following:

The employees at BDJDC are trained to report immediately any knowledge, suspicion or information they receive regarding sexual abuse or harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews with the Director, Sergeant, and Detention Officers confirmed they are a knowledgeable of their reporting duties.

### **115.362 – Agency Protection Duties**

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

Compliance with this standard was determined by the following:

BCJDC policy requires that immediate action is taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to a substantial risk of imminent sexual abuse during the reporting period.

Interviews with the Director, Sergeant, and Detention Officers confirmed they are knowledgeable of their reporting duties.

### **115.363 – Reporting to Other Confinement Facilities**

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

Compliance with this standard was determined by the following:

BDJDC policy states the Director will report all allegations allegation that a resident was sexually abused while confined at another facility to the Administrator of the other facility within seventy-two hours. All correspondence will be documented.

BCJDC received no allegations that a resident was sexually abused while confined at another facility during the reporting period.

### **115.364 – Staff First Responder Duties**

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

Compliance with this standard was determined by the following:

The employees at BDJDC are trained regarding first responder duties.

Interviews with the Director, Sergeant, and Detention Officers confirmed they are knowledgeable of their first responder duties including: separating the alleged victim and abuser, preserving the crime scene and ensuring that residents involved do not destroy bodily evidence.

### **115.365 – Coordinated Response**

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

This standard is in compliance following corrective actions:

The BCJDC Written Institutional Plan was incorporated in to the facility's PREA policy and confirmed by the Auditor prior to the follow-up onsite visit on December 30, 2014.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Compliance with this standard was determined by the following:

BCJDC is not a collective bargaining agency. Nothing in the Detention Center's policy inhibits the facility's ability to protect juveniles from their abusers.

### **115.367 – Agency protection against retaliation**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following components of this standard were initially in compliance:

BCJDC policy states there will be no retaliation to any individual for making a sexual harassment charge toward a staff member(s) or anyone else. The policy did not include protection for all juveniles and staff who report sexual abuse or cooperate with sexual abuse or sexual harassment investigations from retaliation by other juveniles or staff.

The remaining components of this standard are in compliance following corrective actions:

1. The facility established a policy to protect all juveniles and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other juveniles or staff.  
The Director and Sergeant are charged with monitoring retaliation.
2. Policy and procedures were amended to employ multiple protection measures, such as housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
3. Policy and procedures were amended to require that for at least 90 days following a report of sexual abuse, the agency monitors the conduct or treatment of juveniles or staff who reported sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff, and shall act promptly to remedy any such retaliation. Items the agency monitors include any juvenile disciplinary reports, housing, or program changes, or negative performance



reviews or reassignments of staff. The facility policy and practice requires monitoring continue beyond 90 days if the initial monitoring indicates a continuing need.

4. Policy and procedures were amended to require monitoring for juveniles includes periodic status checks.
5. For individual who cooperates with an investigation who expresses a fear of retaliation, policy and procedures were amended to require appropriate measures be taken to protect that individual against retaliation.
6. Policy and procedures were amended to indicate the obligation to monitor shall terminate if the facility determines that an allegation is unfounded.

### **115.368 – Post-Allegation Protective Custody**

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

Compliance with this standard was determined by the following:

BCJDC policy states that a juvenile will be placed in a single bed cell for his personal protection. The facility does not use segregated housing.

### **115.371 – Criminal and Administrative Agency Investigations**

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

Compliance with this standard was determined by the following:

BCJDC has a MOU with the Bedford County Sheriff's Department for administrative and criminal investigations.

There were no investigations of alleged resident sexual abuse in the facility during the reporting period.

## 115.372 – Evidentiary Standard for Administrative Investigations

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

Initially BCJDC policy did not address this standard.

This standard is in compliance following corrective actions:

Policy and procedures were amended to require the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

## 115.373 – Reporting to Residents

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

There have been no criminal or administrative investigations during this reporting period. Therefore, no residents have received notices.

This standard is in compliance following corrective actions:

BCJDC policy and procedures were amended to state residents will sign written documentation of findings of an investigation within seventy-two hours of completion of the investigation.

1. Policy and procedures were amended requiring the facility shall inform a juvenile as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. Following a juvenile's allegation that a staff member has committed sexual abuse against the juvenile, policy and practice requires the facility subsequently inform the juvenile (unless the facility has determined that the allegation is unfounded) whenever:
  - (1) The staff member is no longer posted within the juvenile's unit;
  - (2) The staff member is no longer employed at the facility;

- (3) The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
  - (4) The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
3. Following a juvenile's allegation that he or she has been sexually abused by another juvenile, policy and practice requires the facility shall subsequently inform the alleged victim whenever:
- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
  - (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

### **115.376 – Disciplinary sanctions for staff**

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

Compliance with this standard was determined by the following:

BCJDC policy includes staff disciplinary actions up to and including termination for violating the facility's sexual abuse and harassment policies.

During the interview process the Director indicated that any criminal behavior would be reported to law enforcement.

No employees have been disciplined or terminated for violation of the facility's sexual abuse or harassment policies during this reporting period.

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

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

Compliance with this standard was determined by the following:

BCJDC does not use volunteers and residents are never in the vicinity of outside contractors.

### **115.378 – Disciplinary sanctions for residents**

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

Compliance with this standard was determined by the following:

BCJDC policy states the consequences for disciplinary actions for juvenile-on juvenile sexual abuse. The DCS case manager in collaboration with the treatment team would determine appropriate disciplinary sanctions. If the abuse is criminal in nature a referral to law enforcement will be made. Juveniles would only be disciplined for sexual contact with staff if the staff member did not consent to the contact. Residents are only disciplined for making false reports, but not reports made in good faith. All sexual activity at the Detention Center is prohibited.

A review of the training curriculum indicated staff are being provided information about resident disciplinary sanctions.

Interviews with the Director, Sergeant, and Detention Officers confirmed they are knowledgeable of the disciplinary procedures and sanctions.

Interviews with the residents confirmed they are aware of the prohibitions of all sexual activity and the disciplinary procedures.

There were no sexual abuse allegations made during the reporting period and therefore there were no disciplinary sanctions or criminal referrals.

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

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

BCJDC policy and procedure states the Director will review all intake assessments and determine if any further actions are needed if a resident is identified as high risk with a

history of assaultive and/or predatory behavior, or at risk for sexual victimization. These actions would include referrals for mental health assistance such as referral to a sexual abuse specialist and special housing placement for monitoring.

Interviews with the Director, Sergeant, and Detention Officers confirmed confidential information is strictly limited.

During the reporting period no residents disclosed prior victimization during screening. Also, no residents were identified as having previously perpetuated sexual abuse.

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

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

This standard is in compliance following corrective actions:

1. Policy and procedures were amended to require juvenile victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
2. Policy and procedures were amended to require staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.
3. Policy and procedures were amended to require juvenile victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This is accomplished through the Tennessee Department of Children’s Services or Heritage Medical Center.
4. Policy and procedures were amended to require 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 – Ongoing medical and mental health care for sexual abuse victims and abusers**

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

This standard is in compliance following corrective actions:

1. Policy and procedures were amended to require the facility shall offer medical and mental health evaluations and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
2. Policy and procedures were amended to require 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.
3. Policy and procedures were amended to provide such victims with medical and mental health services consistent with the community level of care.
4. Policy and practice was amended to require juvenile victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
5. If pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
6. Juvenile victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
7. 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.
8. Policy and procedures were amended to require the facility attempts to conduct a mental health evaluation of all known juvenile-on-juvenile abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

### **115.386 – Sexual abuse incident reviews**

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

The following components of this standard were initially in compliance:

BCJDC policy and procedures state that every three months there will be a review of all sexual abuse and harassment charges. These charges will be reviewed by the facility's Sergeants and the Director. Any corrective actions will be put in place at that time. Any criminal actions that have not already been initiated and need to be will be done at that time.

The remaining components of this standard are in compliance following corrective actions:

1. Policy and procedures were amended to require 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.
2. The review occurs within 30 days of the conclusion of the investigation.
3. The review team includes the Director and Sergeant, with input from, Bedford County Sherriff's Department investigators, and medical or mental health practitioners when appropriate.
4. The review team shall:
  - (a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
  - (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - (d) Assess the adequacy of staffing levels in that area during different shifts;
  - (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - (f) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and submit such report to the Director.

### **115.387 – Data Collection**

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

Does Not Meet Standard (requires corrective action)

Compliance with this standard was determined by the following:

BCJDC uses the Survey of Sexual Violence, 2013 – incident form (Juvenile) to record individual incidents of sexual abuse or harassment. During this reporting period there were no allegations and no incidents reported.

The Director reported the Department of Justice did not require data from the previous calendar year.

The Director developed an annual report stating that there have been no founded allegations during this reporting period. This report is linked to the facility's website. The Auditor confirmed this was added to the website.

### **115.388 – Data Review for Corrective Action**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following components of this standard were initially in compliance:

BCJDC policy and procedures state that every three months there will be a review of all sexual abuse and harassment charges. These charges will be reviewed by the facility's Sergeants and the Director. Any corrective actions will be put in place at that time. Any criminal actions that have not already been initiated and need to be will be done at that

The Director developed an annual report stating that there have been no founded allegations during this reporting period.

The remaining components of this standard are in compliance following corrective actions:

1. The annual report was added to the facility's website. The Auditor confirmed this by viewing the website.
2. The Director made the necessary corrective actions to address and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training needs. This was done through amending policy and practice and making juvenile educational materials more readily accessible.



## 115.389 – Data Storage, Publication, and Destruction

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

Compliance with this standard was determined by the following:

BCJDC policy states that the facility will keep all sexual abuse and harassment claims for ten years.

### AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review.

Robert B. Latham

Robert B. Latham, Certified PREA Auditor

1/13/15

Date



**Administrative Policies and Procedures: 14.25**

<b>Subject:</b>	<b>Special Investigations Unit Child Protective Services Investigations</b>
<b>Authority:</b>	TCA 37-5-105 (3), 37-5-106, 37-1-401 <i>et seq</i> , 37-1-601 <i>et seq</i>
<b>Standards</b>	<b>COA:</b> PA-CFS 5.08-5.10, PA-CFS 5.12; <b>DCS Standards of Practice:</b> 5-201, 5-202, 5-203, 5-401, 5-402
<b>Application:</b>	To All Department of Children's Services Child Protective Services Special Investigations Employees
<b>Policy Statement:</b>	
The Department of Children's Services (DCS) Special Investigations Unit (SIU) conducts investigations on allegations of child abuse and neglect which occur while a child is in DCS custody or when the case involves non-custodial children where the alleged perpetrator (AP) is acting in an official employment, volunteer, or foster care capacity. The SIU conducts investigations where the allegations would affect the employment or volunteer status of those working with children.	
<b>Purpose:</b>	
To provide DCS SIU employees with additional guidelines for conducting timely and effective investigations.	
<b>Procedures:</b>	
<b>A. SIU Case Criteria</b>	<ol style="list-style-type: none"> <li>1. SIU is responsible for conducting investigations when the abuse or neglect occurred while the child was in custody.</li> <li>2. SIU is responsible for conducting investigations when the abuse or neglect involves children who are not in the legal custody of DCS but they are under the supervision or care of an individual(s) functioning in an official employment or volunteer capacity within the following but not limited to: <ul style="list-style-type: none"> <li>◆ Detention facilities</li> <li>◆ Licensed foster homes</li> <li>◆ Licensed day care/childcare agencies</li> <li>◆ Unlicensed daycare facilities with more than four (4) children not including related children</li> <li>◆ Schools</li> <li>◆ Religious organizations</li> <li>◆ Youth groups</li> </ul> </li> </ol>

	<p>3. SIU investigates all allegations of abuse and/or neglect of children residing in a DCS employee’s home and/or when the AP is the DCS employee and/or any caregiver residing in the employee’s home. At the discretion of the Director of Investigations and the General Counsel, or their designees, an SIU investigator and legal counsel may be used from another region to conduct the investigation).</p> <p><b>Note:</b> Regional staff may request assistance from SIU on macro cases or mega family investigations through the Director of Investigations, or designee.</p> <p><b>Note:</b> For exceptions to this criteria refer to DCS Policy <a href="#">14.3 Screening, Priority Response, and Assignment of Child Protective Services Cases</a>.</p>
<p><b>B. Investigative Responsibilities</b></p>	<p>SIU staff refer to DCS Policy <a href="#">14.6 Child Protective Investigation Team (CPIT)</a>, <a href="#">14.7 Child Protective Services Investigation Track</a> and <a href="#">Work Aid 3 Child Protective Services Investigative Tasks and Responsibilities</a> for initiating and conducting an investigation.</p> <p><b>1. Home Visits</b></p> <p>a) A child’s primary placement is considered the child’s home for purposes of making a home visit (e.g. foster home, YDC, residential facility).</p> <p>b) If the placement has recently changed or the child experienced a move in connection with the circumstances that resulted in the allegations, the SIU investigator completes the following:</p> <ul style="list-style-type: none"> <li>◆ Conducts a home visit and interviews the alleged child victim (ACV) in the new placement; and</li> <li>◆ Conducts a home visit and interviews collateral contacts where the alleged incident occurred.</li> </ul> <p><b>2. Coordinated Investigations</b></p> <p>a) SIU may coordinate investigative activities with other state agencies that share jurisdiction to include (but not limited to):</p> <ul style="list-style-type: none"> <li>◆ DCS Licensing</li> <li>◆ Department of Human Services (DHS)</li> <li>◆ Department of Intellectual and Developmental Disabilities (DIDD)</li> <li>◆ Department of Education</li> </ul> <p>b) Due to confidentiality, all SIU cases should be presented to the CPIT with only the following present:</p> <ul style="list-style-type: none"> <li>◆ Investigator(s);</li> <li>◆ SIU supervisor(s); and</li> <li>◆ Office of Child Safety Management.</li> </ul> <p><b>Note:</b> All other DCS employees should leave the room during the presentation to preserve confidentiality. Exceptions to this are coordinated investigations between regional Child Protective Services</p>

(CPS) investigators and SIU staff.

### 3. Investigations Involving Foster Homes

The SIU Investigator:

- ◆ Notifies the foster parents of their right to access a DCS foster parent(s) advocate;

**Note:** The advocate is permitted to be present at all portions of the investigation when the accused foster parent(s) are present. All information received by the advocate therein remains confidential.

- ◆ Reviews the foster home study;
- ◆ Reviews any Corrective Action Plans involving the foster home or foster parents;
- ◆ Interviews the DCS Foster Care and Resource Placement Support staff involved with the foster home;
- ◆ Interviews Contract Provider Case Managers when the home is managed by a private provider;
- ◆ Completes the SIU Family Advocacy and Support Tool (FAST) within five (5) business days of intake; and
- ◆ Consults with DCS Legal staff when required (refer to DCS Policy [14.9, Child Protective Services Immediate Protection Agreements](#) and [14.12, Removal: Safety and Permanency Considerations](#)).

### 4. Custodial Children

The SIU Investigator:

- ◆ Notifies the FSW within forty-eight (48) hours of the initiation of the investigation to coordinate notification to the biological parents/legal custodian;
- ◆ Coordinates with the applicable DCS staff to request the necessary medical and psychological examinations, referrals for services, and arrange transportation, if needed;
- ◆ Verifies current signatures of required forms in file and complete if out of date and place in the SIU case file;
- ◆ Consults with the FSW and reviews the Family Permanency Plan and Treatment Plan to ensure safety factors are being addressed;
- ◆ Reviews the AP's personnel file specifically related to performance/discipline records.

### 5. Non-Custodial Children residing in a Licensed Facility:

The SIU Investigator:

- ◆ Notifies the parents or legal custodian(s) regarding the allegation(s) within forty-eight (48) hours of the initial ACV contact;

	<ul style="list-style-type: none"> <li>◆ Notifies the facility representative within forty-eight (48) hours regarding identified services;</li> <li>◆ Obtains the parent/legal custodian’s signature on completed forms, as necessary;</li> <li>◆ Reviews Treatment Plan for completion and progress to ensure safety factors are being addressed;</li> <li>◆ Reviews the AP’s personnel file specifically related to performance/discipline records.</li> </ul>
<p><b>C. Safety &amp; Risk Planning</b></p>	<ol style="list-style-type: none"> <li>1. Based upon available information, SIU staff assesses the child's immediate needs to ensure safety and reduce risks. Every effort is made to preserve critical relationships and maintain stability for the child. These decisions are made in conjunction with DCS supervisory staff and, when applicable, an agency participating in a coordinated investigation.</li> <li>2. Using the FAST, SIU staff assesses safety and risk by completing a global assessment to utilize the outcomes of the assessment to support decision making.</li> <li>2. Safety concerns and recommendations are addressed following DCS Policies <a href="#">14.2 Family Permanency Planning for CPS Non-Custody Cases</a>, <a href="#">14.9 Child Protective Services Immediate Protection Agreements</a>, Considerations, and <a href="#">16.27 Notice of Removal from a Foster Home</a>.             <ol style="list-style-type: none"> <li>a) <b>Custodial Children:</b> <ul style="list-style-type: none"> <li>◆ SIU, in coordination with regional staff, and Resource Parent Support determine the ability to meet the safety needs of the child in the current placement. Refer to Policy <a href="#">16.27 Notice of Removal from a Foster Home</a>.</li> <li>◆ SIU requests a Child and Family Team Meeting (CFTM) before moving a child from the current placement, when possible. If this is not immediately possible, the SIU investigator, the FSW, and Team Leader or Team Coordinator discuss the investigation and schedule a CFTM as soon as possible. Refer to the DCS <a href="#">Child and Family Team Meeting Protocol</a>.</li> <li>◆ If removal from the placement is warranted, regional staff are responsible for securing the child’s placement and transportation to the alternate placement. This includes children that are placed from other regions.</li> <li>◆ SIU obtains a copy of the corrective action or safety plan from the FSW.</li> </ul> </li> <li>b) <b>Non-Custodial Children:</b> <p>If removal of a non-custodial child is warranted when a custodial child is removed from a foster home, SIU staff are responsible for the removal of that child.</p> </li> </ol> </li> </ol>

<b>D. Notification Procedures</b>	SIU staff makes all applicable notifications as outlined in <a href="#"><u>Work Aid 11, Special Investigations Unit Notification and Debriefing Responsibilities.</u></a>
<b>E. Case Record composition</b>	SIU case file documentation and organization is conducted as outlined in DCS Policy <a href="#"><u>14.16 Child Protective Services Case File Organization.</u></a> <b>Exception:</b> SIU cases are identified in TFACTS under the <u>child's name.</u>

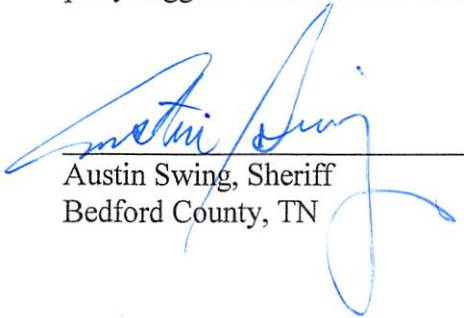
<b>Forms:</b>	<a href="#"><u>CS-0826 CPS SIU Notification of Case Initiation and Closure</u></a>
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<b>Collateral documents:</b>	<a href="#"><u>Foster Parent Bill of Rights, page 33</u></a> <i>DHS/DOE Memorandum of Understanding</i> <a href="#"><u>Protocol for Foster Home Quality Team</u></a> <a href="#"><u>Child and Family Team Meeting Protocol</u></a> <a href="#"><u>Work Aid 3 Child Protective Services Investigative Tasks and Responsibilities</u></a> <a href="#"><u>Work Aid 11, Special Investigations Unit Notification and Debriefing Responsibilities</u></a> <a href="#"><u>14.2 Family Permanency Planning for CPS Non-Custody Cases</u></a> <a href="#"><u>14.3 Screening, Priority Response, and Assignment of Child Protective Services Cases</u></a> <a href="#"><u>14.6 Child Protective Investigation Team (CPIT)</u></a> <a href="#"><u>14.7 Child Protective Services Investigation Track</u></a> <a href="#"><u>14.9 Child Protective Services Immediate Protection Agreement</u></a> <a href="#"><u>14.12, Removal: Safety and Permanency Considerations</u></a> <a href="#"><u>14.16 Child Protective Services Case File Organization</u></a> <a href="#"><u>16.27 Notice of Removal from a Foster Home</u></a> <a href="#"><u>16.3, Desired Characteristics of Foster Parents</u></a> <a href="#"><u>16.8, Responsibilities of Approved Foster Homes</u></a>
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<b>Glossary:</b>	<b>Terms</b>
	None

- Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data.
  - Not terminate an investigation solely because the source of the allegation recants the allegation.
  - Interview alleged victims and suspected perpetrator.
  - Provide training to its investigators who conduct such investigations.
  - Assess the credibility of an alleged victim, suspect, or witness on an individual basis and shall not determine credibility by the person's status as detainee or staff.
  - Not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
  - Document the findings of the investigation in a written report.
  - Refer substantiated allegations of conduct that appear to be criminal for prosecution.
- 
- Retain all written reports for as long as the alleged abuser is incarcerated or employed by DTN plus five years, unless the crime was committed by a juvenile and applicable laws require a shorter period of retention.
  - Not terminate an investigation if the alleged abuser or victim departs from the employment or control of the facility.
  - Cooperate with DTN and inform DTN administrator of the progress of the investigation.

This Memo of Understanding shall become effective on October 1<sup>st</sup>, 2014 and continue to exist until either party suggests otherwise in writing.

  
Austin Swing, Sheriff  
Bedford County, TN

\_\_\_\_\_  
Date

  
Michael Bennett, Director  
Bedford County, TN

\_\_\_\_\_  
Date

## **Memorandum of Understanding**

Bedford County Juvenile Detention  
And  
Bedford County Sheriff's Department

It is agreed and understood that the Bedford County Sheriff's Department (BCSD) will provide investigative services to detainees and staff of the Bedford County Juvenile Detention Center (DTN) pursuant to the standards mandated by the Prison Rape Elimination Act (PREA).

These services shall include the responsibility of investigating allegations of sexual abuse by qualified staff screened for appropriateness to serve in this role and who have received training concerning sexual assault and forensic examination issues.

### **Responsibilities of the Bedford County Juvenile Detention Center:**

The Bedford County Juvenile Detention Center shall:

- Have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to the BCSD, unless the allegation does not involve potentially criminal behavior.
- Publish such policy on its website, or make the policy available through other means.
- Document all such referrals.
- Cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
- Train all employees who may have contact with detainees according to PREA standard §115.331 (Employee training).
- Request that the BCSD follow the requirements of PREA standard §115.321 (Evidence protocol and forensic medical examinations) paragraphs (a) through (e).

### **Responsibilities of the Bedford County Sheriff's Department:**

The Bedford County Sheriff's Department shall:

- Provide an investigator who has been screen for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general; providing credentials pursuant to PREA standard § 115.321.