

**REA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITY**

**Date of report:** August 19, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Robert Latham			
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<b>Telephone number:</b> (205) 746-1905			
<b>Date of facility visit:</b> July 28, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Cumberland Mountain School Youth Impact Center (YIC)			
<b>Facility physical address:</b> 73 Methodist Campground Loop, Crossville, Tennessee 38555			
<b>Facility mailing address:</b> <i>(if different from above)</i> same as above			
<b>Facility telephone number:</b> 931-707-1077			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other: Residential
<b>Name of facility's Chief Executive Officer:</b> Luke M. Collins			
<b>Number of staff assigned to the facility in the last 12 months:</b> 13			
<b>Designed facility capacity:</b> 16			
<b>Current population of facility:</b> 3			
<b>Facility security levels/inmate custody levels:</b> Non-Secure/Level II			
<b>Age range of the population:</b> 14-17			
<b>Name of PREA Compliance Manager:</b> Amanda Young		<b>Title:</b> Facility Coordinator/PREA Compliance Manager	
<b>Email address:</b> <a href="mailto:ayoung@uchra.com">ayoung@uchra.com</a>		<b>Telephone number:</b> 931-707-1077	
<b>Agency Information</b>			
<b>Name of agency:</b> Upper Cumberland Human Resources Agency (UCHRA)			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Upper Cumberland Human Resources Agency Board of Directors			
<b>Physical address:</b> 580 South Jefferson Avenue - Suite B, Cookeville, Tennessee 38501			
<b>Mailing address:</b> <i>(if different from above)</i> same as above			
<b>Telephone number:</b> 931-528-1127			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Luke M. Collins		<b>Title:</b> President/CEO	
<b>Email address:</b> <a href="mailto:lcollins@uchra.com">lcollins@uchra.com</a>		<b>Telephone number:</b> 931-528-1127	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Wm. Brian Swearengen		<b>Title:</b> Residential Program Director	
<b>Email address:</b> <a href="mailto:bswearengen@uchra.com">bswearengen@uchra.com</a>		<b>Telephone number:</b> 931-510-5976	

## AUDIT FINDINGS

### NARRATIVE

The PREA audit for the Cumberland Mountain School Youth Impact Center (YIC) for Boys, located in Crossville, Tennessee was conducted July 28, 2017.

Notices of the PREA audit, along with contact information, were posted six weeks prior to the on-site audit. The agency also posted the audit notice on their website. The PREA Coordinator emailed photographs of the posted audit notices for confirmation. A flash drive containing Tennessee Department of Children's Services (DCS) and Cumberland Mountain School Youth Impact Center for Boys policies, the Cumberland Mountain School Youth Impact Center for Boys mission statement, the Upper Cumberland Human Resources Agency (UCHRA) mission statement and documentation to support each standard was provided to the auditor prior to the on-site audit. The documentation was well organized.

Upon receipt and review of the flash drive, the auditor requested some additional documentation prior to the on-site audit. Some additional documentation was provided during the on-site audit and during the report writing period for clarification and additional support of the standards.

All items required by the PREA Pre-Audit Questionnaire were uploaded including:

- Upper Cumberland Human Resources Agency mission statement
- Cumberland Mountain School Youth Impact Center for Boys mission statement
- Facility population reports for the 1st, 10th and 20th day of the month for the previous twelve months
- Cumberland Mountain School Youth Impact Center for Boys facility schematics

PREA posters were located throughout the home and school. Information was provided for internal and external ways to report allegations of sexual abuse and sexual harassment and how to access community based services, including: the DCS Child Abuse Hotline number, and a phone number and mailing address for the Upper Cumberland Child Advocacy Center. Grievance boxes and forms were in areas accessible to the residents. Grievance boxes are checked daily.

The auditor communicated with the PREA Coordinator to discuss the tentative schedule of the on-site audit. The on-site audit was conducted July 28, 2017. After introductions and discussing the agenda for each day, the auditor proceeded with the facility tour, accompanied by the Facility Coordinator and the PREA Coordinator. All areas of the facility were toured, including: bedrooms, bathrooms, closets, classrooms, library, administration, dining room, kitchen, etc.

Following the tour of the facility, the auditor interviewed staff and residents. During the on-site audit and by telephone afterward, the auditor interviewed the UCHRA Human Resources Director (Agency Head Designee), YIC Facility Coordinator, UCHRA PREA Coordinator, YIC PREA Compliance Manager, ten (10) specialized staff, seven (7) randomly selected staff from both shifts, and the (3) residents at the facility. A total of twenty-four (24) interviews were conducted. An exit briefing was conducted with the Facility Coordinator and PREA Coordinator.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Cumberland Mountain School, a registered historical site, is nestled in the heart of Crossville on 25 acres within walking distance to many businesses and community services. The school has a unique dual purpose. It serves as the location for Cumberland County's Upper Cumberland Human Resource Agency office and home to the Youth Impact Center for Boys. The original Cumberland Mountain School opened in 1919 and provided a prestigious education for 650 students, most of them from the Cumberland Mountain region, until it closed in 1938. This property has been placed on the national Register of Historic Places by the United States Department of the Interior.

The Youth Impact Center for Boys is a 16-bed Level II staff secure residential treatment facility operated by the Upper Cumberland Human Resource Agency. The facility serves adolescent boys, ages 14-17, who have been adjudicated delinquent and are classified as Level II placements by the Tennessee Department of Children's Services. The facility is licensed as a Level 2 Residential Treatment Center by the Tennessee Department of Children's Services and is accredited by the Council of Accreditation. The program has an on-grounds school that is accredited by the Tennessee Department of Education.

The Susan Gray Building houses administrative offices, a classroom, kitchen, and dining room. The Paty Lodge is able to house 16 residents and serves as the residential living quarters for the youth. Eight bedrooms and very large common area containing game tables, TV/VCR, and video games provides plenty of recreational opportunities. The lodge has two identical halls which exit off of the main lobby area. There are 4 bedrooms off of each hallway. The showers and toilets are at the far end of each hallway. Cameras cover both ends of building and the lobby area. All toilets have doors, and all showers have curtains. None of the cameras field of view includes the toilet and showers areas. There is an outdoor basketball court and volleyball area, picnic tables, a pavilion, along with an area for group sport activities. The Bill and Sally Mayberry Music and Art Building serves as the library.

## **SUMMARY OF AUDIT FINDINGS**

The on-site audit of Cumberland Mountain School Youth Impact Center for Boys (YIC), located in Cumberland County, Tennessee, was completed July 28, 2017. The results indicate Cumberland Mountain School Youth Impact Center for Boys exceeded one (1) standard; met thirty-nine (39) standards; zero (0) standards were not met; and one (1) standard was not applicable.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

YIC shall be committed to a zero-tolerance standard for incidents of sexual abuse, sexual assault, sexual misconduct or rape and the failure of “duty to report” such incidents. YIC will also be committed to reducing the risk of sexual abuse, sexual assault and sexual misconduct by providing employees and youth with guidelines and training of prevention, detection, response, investigation and education to create a culture that discourages such incidents.

UCHRA employs an agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facility. The position of the PREA Coordinator is identified in the UCHRA organizational structure.

YIC has a designated PREA Compliance Manager with sufficient time and authority to coordinate the YIC’s efforts to comply with the PREA standards. The position of the PREA Coordinator is identified in the UCHRA/YIC organizational structure. The PREA compliance Manager reports to the Residential Program Director/PREA Coordinator.

#### **Interviews**

- PREA Coordinator  
The PREA Coordinator confirmed he has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. She reports to the YIC Vice President.
- Facility PREA Compliance Manager  
The PREA Compliance Manager confirmed she has sufficient time and authority to coordinate their facility’s efforts to comply with the PREA Juvenile Standards.

#### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

#### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- UCHRA/YIC Organizational Chart

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

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

- Does Not Meet Standard (requires corrective action)

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The DCS contract with YIC requires compliance with the PREA Juvenile Standards. The contract provides for monitoring to ensure continued compliance.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- DCS Contract PREA Requirements

### Standard 115.313 Supervision and monitoring

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

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YIC has developed, implemented and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. YIC maintains a staff ratio of a minimum of 1:8 during all shifts. YIC has complied with the staffing plan during the twelve-month audit period with no reported deviations.

When calculating the staffing levels YIC takes into consideration the following:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

(11) Any other relevant factors.

The Facility Coordinator/PREA Compliance Manager, in consultation with the PREA Coordinator, reviews the staffing plan at least annually. The Staffing Plan Assessment includes the following:

- (1) The established staffing plan;
- (2) Prevailing staffing patterns;
- (3) The facility deployment of video monitoring systems and/or other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

Supervisory staff conduct unannounced rounds on both shifts on a regular basis and document the rounds. UCHRA conducted a self-assessment in May of 2017 and identified documentation of the rounds as an area in need of improvement. Although the unannounced rounds were previously occurring, they were not regularly documented. UCHRA developed a form to document the occurrence of the unannounced rounds and has shown this procedure is now in practice. The purpose of the unannounced rounds is to ensure the safety of residents, the security of the facility and deter any form of sexual abuse or sexual harassment. Staff are prohibited from alerting other staff members that unannounced rounds are occurring.

### **Interviews**

- Facility Director  
The interview with the Facility Coordinator confirmed the facility regularly develops a staffing plan. The plan maintains adequate staffing levels and ratios of 1:8 during waking hours and 1:8 during sleeping hours to protect residents against sexual abuse. The current staffing ratios are 1:3. The plan is documented. The Facility Coordinator confirmed all aspects of the standard are considered in developing the plan. Compliance with the staffing plan is maintained by accessing the PRN staff list and making arrangements for staff to work.
- PREA Coordinator  
The PREA Coordinator confirmed she participates in making assessments of, or adjustments to, the staffing plan for the facility and the assessments happen at least annually.
- Facility PREA Compliance Manager  
The PREA Compliance Manager confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard.
- Intermediate or Higher-Level Facility Staff  
Interviews confirmed the documented, unannounced, supervisory rounds occur on both shifts and staff are not alerted when they occur.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero - Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- YIC Annual Staffing Plan Assessment
- Unannounced Supervisory Rounds (both shifts)

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

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

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

UCHRA 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. Staff members are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. There were no cross-gender searches during the twelve-month audit period. Also, no residents identified as transgender during the twelve-month audit period.

YIC policies and procedures enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia. Facility policies and procedures require staff of the opposite gender to announce their presence when entering a resident bedroom area. Residents shower in bathrooms with one shower behind a closed door.

### **Interviews**

- Random Sample of Staff  
Interviews with staff confirmed they are knowledgeable policy does not allow any types of cross-gender searches. No staff reported having to conduct cross-gender pat-down searches and searches of transgender and intersex residents. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.
- Random Sample of Residents  
Resident interviews confirmed staff announce their presence before entering the bedroom areas. All three residents interviewed confirmed only staff of their same gender would perform searches. All three residents interviewed confirmed they are never naked in full view of staff of either gender.
- Transgender or Intersex Residents  
No residents identified as transgender or intersex.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- YIC Policy and Procedures - Searches
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Staff-Youth Search Form

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

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

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

UCHRA ensures 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.

YIC ensures 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. The facility has interpreter services provided through the DCS contract. Interpreting and Translating Services are also available through Open Communications International and UCHRA employs a multi-lingual staff member.

YIC does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. No resident interpreters, resident readers, or other types of resident assistants were used during the twelve-month audit period. The facility did not identify any limited English proficient residents during the on-site audit.

### Interviews

- Agency Head (Designee)  
The interview with the UCHRA Human Resources Director confirmed UCHRA has established procedures to provide residents with disabilities and residents who are limited English proficient 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.
- Random Sample of Staff  
Interviews with staff confirmed they would use an interpreter for residents who are limited English proficient. No staff interviewed recalled resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment during the twelve-month audit period.
- Disabled and Limited English Proficient Residents  
No residents were identified as having a disability or being limited English proficient during the on-site audit.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Open Communications International – Interpreting and Translating Services
- DCS Contract - Provision for Interpreter Services
- Title VI of the 1964 Civil Rights Act Implementation Plan
- PREA Posters with Contact Information for Outside Support Services

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

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

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

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Before hiring new employees, who may have contact with residents, the facility performs an extensive criminal background records check including: The National Sex Abuse Registry, Vulnerable Persons Abuse Registry, Tennessee Felony Database Clearance, Drug Offence Registry, and the Tennessee Department of Children’s Services Database. They contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Initial and annual criminal background checks are reported on the Background Check History and IV-E Eligibility Checklist form.

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 sexual abuse 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.

Employees have a continuing affirmative duty to disclose any such misconduct and material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

UCHRA’s extensive background check process, including annual background checks, exceeds the requirements of the standard.

### **Interview**

- Administrator (Human Resources) Staff  
The Human Resources Director confirmed UCHRA complies with the standard. Extensive criminal records background checks are conducted annually.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- UCHRA Policy 4.1 – Background Checks
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- CS-0687, Background Check History and IV-E Eligibility Checklist
- Tennessee Department of Children’s Services Database Search Results
- Employment Questions
- Annual Background Checks

**Standard 115.318 Upgrades to facility and technologies**

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

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When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, YIC shall consider the effect of the design acquisition, expansion, or modification upon the programs ability to protect residents from sexual abuse.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, YIC shall consider how such technology may enhance the facility’s ability to protect residents from sexual abuse.

There have been no substantial expansions or modifications to the facility since the 2014 PREA Audit. The facility has updated the video monitoring system since the 2014 PREA Audit.

**Interviews**

- Agency Head (Designee)  
The UCHRA Human Resources Director confirmed the YIC would consider the ability to protect residents from sexual abuse when designing and upgrading facility and when installing video surveillance or other technologies.
- Facility Director  
The Facility Coordinator confirmed the YIC would consider the ability to protect residents from sexual abuse when designing and upgrading the facility and when installing video surveillance or other technologies.

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- YIC Schematic

**Standard 115.321 Evidence protocol and forensic medical examinations**

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

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YIC is required to have all investigations conducted according to DCS guidelines. No investigators are employed by YIC. YIC follows instructions from the DCS Special Investigative Unit (SIU) in matters relating to sexual abuse and harassment allegations and investigations.

When an allegation is called in or communicated to the SIU they are the responsible agency for determining whether an allegation is substantiated, unsubstantiated or unfounded. It is possible that an allegation is called in and then determined not to meet the criteria of a sexual assault or sexual harassment charge. If so these are categorized as being screened out. DCS adheres to the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents.

YIC has a Memorandum of Understanding with the Upper Cumberland Child Advocacy Center (CAC). The auditor confirmed availability of the services through reviewing the Memorandum of Understanding. The CAC provides qualified victim advocacy services. Forensic examinations are conducted at the Cumberland Medical Center.

Additionally, if requested by the victim, a qualified staff member or therapist with Health Connect America may accompany and provide emotional support during the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information and referrals.

YIC has a Memorandum of Understanding with the Crossville Police Department for referrals for criminal investigations of sexual abuse allegations.

### **Interviews**

- PREA Compliance Manager  
The PREA Compliance Manager confirmed a qualified victim advocate from the Upper Cumberland Child Advocacy Center (CAC) would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.
- SAFE/SANE Staff  
The auditor confirmed the availability of forensic examinations through a phone conversation with a representative from the Cumberland Medical Center.
- Random Sample of Staff  
All staff interviewed stated they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. All staff interviewed stated DCS investigators are responsible for conducting sexual abuse investigations.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Memorandum of Understanding with the Upper Cumberland Child Advocacy Center (CAC)
- Memorandum of Understanding with Health Connect America

- Memorandum of Understanding with the Crossville Police Department

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

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

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UCHRA ensures an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct and sexual harassment. All employees must immediately report alleged or detected incidents sexual abuse, sexual misconduct, or sexual harassment to the Department of Children’s Services Child Protective Services Central Intake at 1-877-237-0004. The policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the DCS website.

Within the twelve-month audit period there were no reported allegations of sexual abuse or sexual harassment.

### **Interviews**

- Agency Head (Designee)  
The UCHRA Human Resources Director confirmed an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations are referred for investigation by calling the CPS hotline. The allegations are screened out or assigned an investigator.
- Investigative Staff  
A DCS investigator interviewed confirmed all allegations of sexual abuse or sexual harassment are referred for criminal investigations, unless the allegation does not involve potentially criminal behavior.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

### **Standard 115.331 Employee training**

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

- Does Not Meet Standard (requires corrective action)

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YIC will train all employees who have contact with residents in the following matters:

- (1) 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 facility;
- (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.

Training will be tailored to the unique need and attributes and gender of the residents at YIC. Employees who are reassigned from facilities housing the opposite gender are given additional training.

All facility staff, teachers and therapists having contact with residents in the facility, will sign form CS-9040, Employees Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read and understand the zero-tolerance policy and the training they have received.

UCHRA shall provide each employee with refresher training every two years to ensure all employees know the agency's current sexual abuse and sexual harassment policies and procedures. YIC shall document through employee signature on an attendance form signifying comprehension of this training and will keep such documentation in each employee's file.

### **Interviews**

- Random Sample of Staff  
Staff interviewed confirmed they have received training on the eleven (11) PREA topics in standard 115.331 when hired and annually thereafter.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- PREA PowerPoint
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

### Standard 115.332 Volunteer and contractor training

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

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

YIC contractors and volunteers would receive training on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures, based on the services they provide and the level of contact they have with residents. The facility maintains form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) confirming that volunteers and contractors understand the training they have received. The facility does not use the services of contractors or volunteers.

#### Policy

- o YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

#### Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- o Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

### Standard 115.333 Resident education

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

**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.**

Upon arrival to YIC and during the intake process, all youth will receive comprehensive age-appropriate education in writing as well as verbal information about their rights to be free from sexual abuse, sexual assault, sexual misconduct or rape and their rights to be free from retaliation for reporting such incidents, agency policies and procedures for responding to such incidents, and mandatory reporting requirements. YIC youth are required to sign form DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have been notified, and informed and trained of PREA

and on how to report incidents of sexual abuse, sexual assault, or sexual misconduct. Copies of the signed form will be sent to the youth's parents(s) or guardians and family service worker, and the original signed form will be maintained in the youth's case file. Residents also receive PREA information via brochures that are given out at intake as well as information outlined in the Client Orientation Manual.

Clients will also be educated via groups held by the YIC Case Manager/Facility Coordinator/PREA Compliance Manager. YIC shall document such trainings through signatures on attendance forms signifying comprehension of this training and will keep such documentation in each client's file.

PREA information will be covered in the Client Orientation Manual. Resident PREA education will be available in accessible formats for all residents including

- (a) Limited English proficient – interpreters, OCI phone list, Azalea Arroyo, Spanish translated PREA brochures.
- (b) Deaf – sign language interpreter.
- (c) Visually impaired – one on one with staff.
- (d) Otherwise disabled – review case by case basis according to disability.
- (e) Have limited reading skills – one on one assistance.

YIC will ensure that PREA information is continuously and readily available and or visible through resident's handbooks, posters and flyers.

### **Interviews**

- Intake Staff  
The interview revealed resident education is accomplished through reviewing PREA information and providing PREA brochures and client handbooks. All residents sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA).
- Random Sample of Residents  
Residents interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and sexual harassment through education, PREA brochures and client handbooks.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- PREA Education Curriculum
- DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA)
- Open Communications International - Interpreting and Translating Services
- DCS Contract - Provision for Interpreter Services
- Resident Handbooks
- PREA Posters with Contact Information for Outside Support Services
- End Silence Brochure: Youth Speaking Up about Sexual Abuse in Custody (English and Spanish)

### **Standard 115.334 Specialized training: Investigations**

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

**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.**

YIC does not employ investigators. Investigators are employed and trained by DCS. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

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

**Interview**

- o Investigator  
An interview with a DCS investigator confirmed receipt of general and specialized training.

**Policy**

- o YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- o DCS Policy 5.2 Professional Development and Training Requirements
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- o DCS Special Investigators Unit Training Curriculum
- o Required Training Chart for all DCS Staff

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

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

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

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

YIC provides mental health staff through a Memorandum of Understanding with Health Connect America. The mental health staff receive the eleven (11) PREA topics in standard 115.331 and the additional specialized topics required by the standard. YIC maintains documentation that medical and mental health practitioners have received specialized training.

All full and part-time medical and mental health care practitioners who work regularly at YIC have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

### **Interview**

- Mental Health Staff  
The therapist interviewed received training on the specialized topics.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
- Health Connect America Webinar/Training Sign in Sheet - PREA

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

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

**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.**

Upon intake, but no longer than 72 hours, DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization will be administered to all youth. The case manager or designee will administer the assessment. If the case manager is not available, the screening will be conducted by an employee who has been appropriately trained in conducting the assessment designated by the treatment manager. All youth’s risk level will be reassessed periodically throughout their confinement, especially when a youth reports any abuse that was not reported upon intake.

At a minimum, YIC will attempt 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 resident 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 resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate the heightened need for supervision, additional safety precautions, or separation from certain residents.

This information shall be ascertained through conversations with the residents 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 file.

YIC will ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

### **Interviews**

- PREA Coordinator  
The interview confirmed agency policy outlines who should have access to a resident's risk assessment within the Facility in order to protect sensitive information from exploitation. These individuals would include: Facility Coordinator and therapist.
- Staff That Perform Screening for Risk of Victimization and Abusiveness  
The Facility Coordinator confirmed that residents are screened upon admission or transfer from another facility within 72 hours. The screening includes all eleven (11) topics required by the standard. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is completed by asking the residents questions and reviewing resident files. Risk levels are reassessed after an incident and when new information is made available. The screening information is available to the therapist and on a need-to-know basis.
- Randomly Selected Residents  
Interviews with the residents confirmed they were asked questions like the following examples at intake:
  - (1) Have you have ever been sexually abused?
  - (2) Do you identify with being gay, bisexual or transgender?
  - (3) Do you have any disabilities?
  - (4) Do you think you might be in danger of sexual abuse at the Facility?

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization

## Standard 115.342 Use of screening information

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

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

The “At-Risk Protocol” section of form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is initiated and completed on all residents who are identified as vulnerable for being at-risk of sexual victimization or identified as having the potential to victimize or perpetrate, especially in regard to sexually aggressive behavior.

YIC shall use information from the assessment to make housing, bed, program, education and work assignments for residents with goals of keeping all residents safe and free from sexual abuse. These assignments will be done on a case-by-case basis and will ensure the residents health and safety as well as management or security problems and will be reassessed yearly.

YIC does not participate in isolation or seclusion, per DCS policy, therefore, residents at risk of sexual victimization or who have alleged to have been sexually abused will be kept in eye sight of staff at all times, thus being one-on-one with staff.

YIC 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. Also, prohibited is considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abused.

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

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. A transgender and intersex residents’ own views with respect to his or her own safety will be given serious consideration. A transgender and intersex resident will be given the opportunity to shower separately from other residents. All residents shower separately.

### Interviews

- PREA Coordinator  
The PREA Coordinator confirmed gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
- PREA Compliance Manager  
The PREA Compliance Manager confirmed the facility use all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Housing and programming assignments for transgendered and intersex residents are considered on a case-by-case basis whether the placement would ensure the resident’s health and safety, and whether the placement would present management or security problems. Placement and programming assignments are reassessed at least twice each year

to review any threats to safety experienced by the resident. A transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower separately.

- Staff That Perform Screening for Risk of Victimization and Abusiveness  
The Facility Coordinator confirmed that if a screening indicates a resident has experienced prior sexual victimization, whether in an institutional setting or in the community, the resident is offered a follow-up meeting with a therapist within 14 days. She stated the facility uses the risk screening information to determine level of supervision and whether the resident should be placed on staff watch. A transgender or intersex resident's safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed at least every six months. Transgender or intersex residents would be permitted to shower separately. She added that all residents shower separately.
- Facility Director  
The Facility Coordinator confirmed isolation is not used at the facility.
- Transgendered/Intersex/Gay/Bisexual Residents  
No residents identified as transgendered, intersex, gay, or bisexual.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization
- At-Risk Protocol section of DCS form CS-0946

### Standard 115.351 Resident reporting

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

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

YIC shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such information is available to the residents during intake, via handouts, posters and the client's Orientation Manual. Residents may report such incidents by contacting CPS, the YIC case manager, family service social worker, the police department, and by filing a grievance.

Residents may report abuse or harassment to a public or private entity that is not part of UCHRA. Residents detained solely for civil immigration purposes are provided information on how to contact consular officials and the Tennessee Department of Homeland Security. External methods or reporting include: contacting the Upper Cumberland Child Advocacy Center; Health Connect America; and Genesis House. Mailing addresses and telephone numbers are provided by the facility. Youth will have reasonable confidential access to their attorneys or other legal representation as well as their legal guardian.

Staff will also accept reports of sexual abuse and sexual harassment verbally, in writing, anonymously, and from third-parties and shall immediately document any verbal reports. Staff will report such incident as required on a youth's behalf. YIC shall provide residents with access to pencils and grievance forms. One grievance box is located in the school and one is located in the house. Both are checked daily.

Staff can privately report sexual abuse and sexual harassment of residents by calling CPS, report to their immediate supervisor and or director of residential services. Staff are informed of these procedures through PREA training and the Counselors Manual.

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

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

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

There is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Residents may obtain a grievance form from any staff member and grievance forms are also kept in the house. There are two grievance boxes. One is located in the school and one is located in the house. Both grievance boxes are checked daily by the lead counselor whom has the only key. Staff will not allow any resident to attempt to resolve with staff an alleged incident of sexual abuse. The grievance will not be submitted to the staff member whom is the subject of the complaint. The Facility Case Manager, upon receiving the grievance will immediately call CPS. CPS will investigate the grievance.

YIC will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. YIC may claim an extension up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. YIC will notify the resident in writing if any such extension and provide a date by which a decision will be made. If a resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests or administrative remedies relating to allegations of sexual abuse, and shall also be 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. If the resident declines to have the request processed on his or her behalf, YIC shall document the resident's decision. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegation of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

A resident may file an emergency grievance alleging that he or she is subject to a substantial risk of imminent sexual abuse. An initial response will be given within 48 hours with a final agency decision be issued within 5 calendar days. The initial response and final decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

YIC may discipline a resident for filing a grievance related to alleged sexual abuse only where YIC can demonstrated that the resident filed the grievance in bad faith. TCA 37-1-413 - Any person who either verbally or by written or printed communication knowingly and maliciously reports, or causes, encourages, aids, counsels, or procures another to report, a false accusation of child sexual abuse commits a Class E Felony.

There were no grievances regarding allegations of sexual abuse or sexual harassment during the twelve-month audit period.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 24.5 DOE Youth Grievance Procedures
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Tennessee Code Annotated 37-1-413
- Resident Handbook
- Youth Grievance Form

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

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

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

YIC provides residents with access to outside victim advocates for emotional support services related to sexual abuse. YIC will provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing and posting mailing address and telephone numbers of local, State, and or national victim advocacy or rape crisis organization. This information will be included in the clients Orientation Manual as well as posted in the dormitory. For persons detained solely for civil immigration purposes, immigrant services agency information is available. YIC has a Memorandum of Understanding with the Upper Cumberland Child Advocacy Center for victim advocacy services. Another outside confidential emotional support services is Health Connect America.

The YIC informs residents, prior to giving them access, of the extent to which such communications will be monitored.

Everyone in Tennessee is a mandated reporter. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 requires all persons to report suspected cases of child abuse or neglect. The facility enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Telephone calls are monitored with sight, but not sound supervision.

### Interviews

- Facility Director  
The Facility 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.
- PREA Coordinator  
The PREA Coordinator confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- PREA Compliance Manager  
The PREA Compliance Manager confirmed residents are provided with confidential access to their attorneys or other legal representation and access to parents or legal guardians.
- Random Sample of Residents  
Interviews with the residents revealed they were familiar with the posters with telephone numbers and mailing addresses of outside organizations. They could list the DCS Sexual Abuse Hotline Number. They were less familiar with the outside victim advocate support for emotional support services related to sexual abuse. They all confirmed they could see or talk with a lawyer and their guardian if needed. The auditor interviewed the boys in an area with a posted PREA poster. The auditor showed the boys the information that was listed on the poster and discussed the available outside support services.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Memorandum of Understanding with the Upper Cumberland Child Advocacy Center
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- PREA Posters with Contact Information for Outside Support Services
- Resident handbook

### Standard 115.354 Third-party reporting

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

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

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

YIC will accept third-party reports of resident sexual abuse and sexual harassment; verbally, in writing and or in a grievance. Such methods will be made public via UCHRA's website, <https://uchra.com>. Information is also made available through brochures, posters and through the parent/guardian letter.

Also, the DCS website has the Child Abuse Hotline number listed and provides a secure online system for reporting abuse, <https://apps.tn.gov/carat/>. Hotline case managers are available to assist callers in reporting abuse.

**Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Parent/Guardian Letter

**Standard 115.361 Staff and agency reporting duties**

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

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

Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 Laws and UCHRA 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 a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Failure to comply with "duty to report" requirements will result in disciplinary action up to and including termination and/or criminal charges.

Lead staff will train all new employees, upon hiring in on form CS-0940, Employee Acknowledgment and Notification of Prison Rape Elimination Act (PREA). New employees will read and sign this form to acknowledge they have received information and orientation on PREA and have read the zero-tolerance policy. All employees must immediately report any knowledge, suspicion, or detected incidents of sexual abuse/assault/misconduct/harassment or rape (including third-party and anonymous reports to:

- (1) Department of Children's Services, Child Protective Services, Central Intake at 1-877-237-0004
- (2) YIC Case Manager/Facility Coordinator/PREA Compliance Manager
- (3) Director of Residential Services/PREA Coordinator
- (4) Crossville Police Department

- (5) Youth's Family Service Worker
- (6) Youth's Guardian/Parent (unless in full guardianship of DCS)
- (7) Attorney/Guardian ad Litem within 14 days

YIC requires all staff to immediately report any retaliation against residents of staff who reported such incident as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the YIC Case Manager. Apart from reporting to the designated supervisors and CPS, staff are prohibited from revealing any information related to a sexual abuse report to anyone that to the extent necessary to make treatment, investigation, and other security and management decisions.

Medical and mental health practitioners are required to report sexual abuse to the YIC Case Manager as well as CPS. Such practitioners will inform residents at the initiation of their services of their duty to report and the limitations of confidentiality. Upon receiving any allegation of sexual abuse, the Facility Coordinator shall promptly report the allegation to the alleged victim's parents or legal guardians, unless YIC has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of DCS, the report shall be made to the alleged victim's Family Services Worker instead of the parents or legal guardians.

### **Interviews**

- Facility Director/PREA Compliance Manager  
The Facility 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 occur immediately upon the allegation being received. She confirmed if a juvenile court retains jurisdiction over a victim the victim's attorney would be contacted. YIC does not conduct administrative or criminal investigations.
- Medical and Mental Health Staff  
An interview with a therapist confirmed he discloses the limitations of confidentiality and his duty to report at the initiation of services to a resident. He confirmed he is required by law to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it. He revealed she has not become aware of such incidents.
- Random Sample of Staff  
All staff interviewed confirmed they are required by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the 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. All staff interviewed revealed they would report to their immediate supervisor and the DCS Child Abuse Hotline.

### **Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Memorandum of Understanding with the Crossville Police Department

### **Standard 115.362 Agency protection duties**

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

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

YIC will take immediate action to protect a resident when staff learns that a resident is subject to a substantial risk of imminent sexual abuse. Staff will keep youth in eye sight at all times, change his room assignment and shower times.

**Interviews**

- o Agency Head (Designee)  
The UCHRA Human Resources Director confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include removing the resident from harm, transfers, and placing the resident on staff watch.
- o Facility Director  
The Facility Coordinator confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. This would include placing the potential victim under increased supervision or one-on-one supervision.
- o Random Sample of Staff  
All staff interviewed confirmed they would immediately separate the resident from the potential perpetrator.

**Policy**

- o YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- o DCS Protocol: First Responder Guidelines for Sexual Assaults

**Standard 115.363 Reporting to other confinement facility**

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

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

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

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the YIC Facility Coordinator will immediately but no later than 72 hours upon receiving the allegation, notify the head of the facility where the alleged abuse occurred and will contact CPS as well as document this information.

There were no allegations received that a resident was sexually abused while confined at another facility during the twelve-month audit period.

### **Interviews**

- Agency Head (Designee)  
The UCHRA Human Resources Director confirmed if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility the allegation would be referred to DCS for investigation.
  
- Facility Director  
The Facility Coordinator confirmed if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility, the Facility Coordinator would notify DCS for the allegation to be investigated.

### **Policy**

- YIC Division of Children’s Continuum Services PREA Policy
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

### **Standard 115.364 Staff first responder duties**

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

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

Upon reporting an incident to an employee by the youth that they have been sexually assaulted/abused or raped, or if an employee witnesses or happens upon an assault taking place, the employee will ensure the youth (perpetrator and victim) are safe and kept separated and staff will immediately notify their supervisor. Staff will ensure youth (perpetrator and victim) do not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink or use the toilet until after all physical evidence is obtained in connection with the violation and will secure the incident area and treat it as a crime scene. All staff are first responders. Staff also refer to the DCS Protocol: First Responder Guidelines for Sexual Assaults for more in-depth information regarding first responder duties.

Within the twelve-month audit period there were no reported allegations of sexual abuse or sexual harassment.

### Interviews

- Security Staff and Non-Security Staff First Responders  
The staff interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse.
- Random Sample of Staff  
The staff interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse. All staff interviewed stated they would report to their supervisor and call the DCS Sexual Abuse Hotline. They said they would not share sensitive information with individuals not involved in the allegation.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- DCS Protocol: First Responder Guidelines for Sexual Assaults

### Standard 115.365 Coordinated response

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

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

All staff including medical and mental health practitioners will immediately call CPS. Staff will comply with all reporting laws required by CPS, law enforcement agencies, etc. Staff will complete the Sexual Abuse Incident Coordinated Response Plan form.

### Interviews

- Facility Director  
The Facility Coordinator confirmed that after the initial actions of facility, all allegations are reported to DCS, and the facility follows the Sexual Abuse Incident Coordinated Response Plan.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Sexual Abuse Incident Coordinated Response Plan

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

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

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

YIC does not have a collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

## Interviews

- Agency Head (Designee)  
The UCHRA Human Resources Director confirmed YIC has not entered or renewed any collective bargaining agreements.

## Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

### Standard 115.367 Agency protection against retaliation

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

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

For residents who fear retaliation from reporting, staff on duty can ensure the resident is moved to another room (if the PREA Audit Report

alleged perpetrator is the resident's roommate), will remain on staff watch (one-on-one supervision), have shower times adjusted and will have access to the therapist for emotional support. Periodic status check will be completed. For at least 90 days following a report of sexual abuse, YIC will monitor the conduct or treatment of the residents or staff who reported the sexual abuse and if residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. YIC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. All staff are responsible for monitoring retaliation.

There were no reported occurrences of retaliation within the twelve-month audit period.

## Interviews

- Agency Head (Designee)  
The UCHRA Human Resources Director stated protective measures be made on a case-by-case basis to ensure that all staff and residents are being treated fairly. Staffing changes and one-on-one supervision would occur.
- Designated Staff Member Charged with Monitoring Retaliation  
Staff interviewed confirmed their role in preventing retaliation is to monitor for retaliation and address safety concerns. Some measures to protect residents and staff from retaliation would include re-staffing abusers and trauma based emotional support services. She does initiate contact with residents who have reported sexual abuse. Behavior changes are an example of what would be looked at and monitored for potential retaliation.

## Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

## Standard 115.368 Post-allegation protective custody

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

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

YIC does not use of segregated housing or isolation to protect a resident who is alleged to have suffered sexual abuse. Other protective measures would be used. There were no occurrences of the use of segregated housing or within the twelve-month audit period.

## Interviews

- Facility Director  
The Facility Coordinator confirmed YIC does not use segregated housing or isolation in response to a resident who is alleged to have suffered sexual abuse.

**Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

**Standard 115.371 Criminal and administrative agency investigations**

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

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

YIC does not conduct its own investigations into allegations of sexual abuse and sexual harassment. DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct, and sexual harassment. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Investigator will gather all evidence, review video surveillance footage if available, and interview 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.

When the evidence supports criminal prosecution, the Child Protective Services Investigations Team includes law enforcement, the local district attorney, and the Child Advocacy Center in the investigation. The credibility of an alleged victim, suspect or witness is not assessed on an individual basis, nor whether they are a resident or staff. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

Administrative investigations consider how staff actions or neglect of duties are a contributing factor to the abuse. The investigations are documented in the appropriate TFACTS incident reporting section. The report includes all statements, a description of all evidence, assessments of credibility, and facts and findings. Criminal investigations are also documented with thorough descriptions of physical, testimonial and documentary evidence. Documentation is maintained for a period of no less than the last day of employment of an allegedly perpetrating employee, plus five (5) years and seven (7) years after a resident’s twenty-second (22<sup>nd</sup>) birthday.

If an alleged abuser or victim is no longer employed at the facility, the investigation continues to conclusion. YIC cooperates with the DCS investigators and remains informed about the progress of investigations through TFACTS and contact with the PREA Audit Report

investigator.

Within the twelve-month audit period there were no reported allegations of sexual abuse or sexual harassment.

### Interviews

- DCS Investigator  
The interview with a DCS investigator was very educational and provided the auditor with an in-depth knowledge of DCS investigative procedures. The investigator confirmed DCS is compliant with all aspects of the Criminal and Administrative Agency Investigations standard. If administrative investigations require referral for criminal prosecution, DCS investigators remain actively involved in the process and informs the facility of the progress of the investigation.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 14.7 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Memorandum of Understanding with the Crossville Police Department

### Standard 115.372 Evidentiary standard for administrative investigations

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

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

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.

### Interviews

- DCS Investigator  
A DCS Investigator interviewed confirmed the preponderance of evidence is required to substantiate allegations of sexual abuse or sexual harassment.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

### Standard 115.373 Reporting to residents

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

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

Following an investigation into a resident’s allegation of sexual abuse suffered while at YIC, YIC shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded immediately upon being informed of such information by CPS.

Alleged staff sexual abusers will be removed from the schedule pending the outcome of an investigation and or determination of whether and to what extent discipline is warranted. YIC shall inform the resident whenever; the staff member is removed from the schedule; is no longer employed at the facility; the center learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This notification will be documented.

YIC shall inform the alleged victim when the facility learns that the alleged abuser (peer) has been indicated on a charge related to sexual abuse within the facility; or has been convicted on a charge related to sexual abuse within the facility. This notification will be documented. If the victim no longer resides at YIC, the YIC Case Manager will notify the youth’s Family Service Worker.

Within the twelve-month audit period there were no reported allegations of sexual abuse or sexual harassment.

### Interviews

- DCS Investigator  
The interview with a DCS Investigator confirmed residents are notified of investigative outcomes.
- Facility Director  
The Facility Coordinator confirmed residents are notified of investigative outcomes.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

### Standard 115.376 Disciplinary sanctions for staff

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

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

Staff shall be subject to disciplinary sanctions up to and including termination for violating UCHRA sexual abuse or sexual harassment policies which includes the duty to report. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. All disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

No staff member violated the facility's sexual abuse and sexual harassment policies within the twelve-month audit period.

## Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

## Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

### Standard 115.377 Corrective action for contractors and volunteers

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

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

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported  
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to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. YIC will take appropriate measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies.

No contractor or volunteer violated the sexual abuse and sexual harassment policies within the twelve-month audit period.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

### Standard 115.378 Disciplinary sanctions for residents

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

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

A resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse. All disciplinary sanctions shall be 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.

A Child Family Team Meeting would be held, staff watch would be initiated, and the facility would ask for removal of the perpetrator. The disciplinary process will take in to consideration a resident's mental disabilities or mental illnesses when determining what type of sanction should be imposed. The offender will be referred to Health Connect America for additional therapy. The facility will discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. YIC prohibits all sexual activity between residents and will discipline residents for such activity however, such activity will not be considered sexual abuse unless the activity was coerced.

Within the twelve-month audit period there were no reported allegations of sexual abuse or sexual harassment.

### Interviews

- Facility Director  
The Facility Coordinator confirmed therapy would be offered upon an administrative finding that a resident has engaged in resident-on-resident sexual abuse. A Child Family Team Meeting would be held. Loss of Privileges (LOP) would be a potential disciplinary action. Isolation would not be used as a disciplinary sanction.
- Medical and Mental Health Staff  
The therapist interviewed confirmed therapy would be offered to both victims and offending residents. Access to any rewards-based behavior management systems, programs or education would not be based on a resident's participation in therapeutic intervention services.

**Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

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

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

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

If screening or assessment indicates a resident has experienced prior sexual victimization or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident's assigned therapist will begin treatment within fourteen (14) days of the intake screening.

Any information is limited to medical and mental health practitioners and staff as necessary, to help with treatment planning, security, room assignments, education, work and other program assignments or as otherwise required by Federal, State, or local law. The offered attempt will be documented. Medical and mental health practitioners will 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.

**Interviews**

- Staff Responsible for Risk Screening  
The Facility 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 therapist. She confirmed the meeting would much sooner than fourteen (14) days. She confirmed the same follow-up meeting would be offered to a perpetrator, within the same time-frame. She reported a mental health professional with Health Connect America had recently completed educational requirements for providing sexual abuse therapy.

- Medical and Mental Health Staff  
The therapist interviewed confirmed informed consent is obtained from all residents.
- Residents Who Disclose Sexual Victimization at Screening  
No residents reported disclosing prior sexual victimization during the initial screening.

**Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

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

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

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

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment at Cumberland Medical Center and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff shall maintain secondary materials such as logs and forms documenting:

- (1) The timeliness of emergency medical treatment and crisis intervention services that were provided;
- (2) The appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and
- (3) The provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

All treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Interviews**

- Security and Non-Security First Responders  
The staff member interviewed as a first responder could identify the measures they would take to protect a victim of sexual abuse.

**Policy**

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home

- Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- Sexual Abuse Incident Coordinated Response Plan
- Memorandum of Understanding with the Upper Cumberland Child Advocacy Center (CAC)

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

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

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

YIC will offer medical and mental health evaluation (consistent with the community level of care) and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment will include, as appropriate, follow up services, treatment plans, referrals for continued care following the transfer to another facility, or release from custody. Residents victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

All treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

YIC will 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.

### Interviews

- Medical and Mental Health Staff  
The therapist interviewed confirmed residents who have been victimized would be offered follow-up care. He stated that he feels mental health services are consistent with community level of care. Resident-on-resident abusers would receive an evaluation and treatment if appropriate.

### Policy

- YIC/UCHRA Policy and Procedures - Guidelines for Sexual Abuse, Sexual Assault or Rape Incidents in the Group Home Setting - Prison Rape Elimination Act (PREA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- DCS PREA Refusal of Medical Treatment Form

## Standard 115.386 Sexual abuse incident reviews

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

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

YIC will 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. This review will occur within 30 days of the investigation. The review team will include the PREA Coordinator, PREA Compliance Manager, Assistant Case Manager, Residential School Teacher, UCHRA Human Resource Manager, with input from Lead Counselor, investigators, and medical or mental health practitioners.

The review team will:

- (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 (GLBT) or intersexual identification, status or perceived status, or
  - Gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.
- (3) Meet at the facility where the alleged incident occurred, 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 patterns during certain shifts;
- (5) Assess monitoring technology adequacy; and
- (6) Document any recommendations for improvement, or reasons for not doing so.

Within the twelve-month audit period there were no reported allegations of sexual abuse or sexual harassment.

## Interviews

- Facility Director  
The Facility Coordinator confirmed YIC has a sexual abuse incident review team. The team would include input from line supervisors, investigators, and medical and/or mental health practitioners. She stated the team would use information from the incident reviews to identify problem areas and make changes as needed. She confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be considered.
- Facility PREA Compliance Manager  
The Facility Coordinator revealed she would be a part of the PREA Incident Review Team. Incident review reports include any recommendations for improvement.

- Incident Review Team Member  
The PREA Coordinator confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be considered.

**Policy**

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**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

**Standard 115.387 Data collection**

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

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

The agency shall collect accurate, uniform data for every allegation of sexual abuse at YIC under its direct control using a 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, Locally or Privately Operated Juvenile Facility Summary Form conducted by the U.S. Department of Justice.

YIC shall:

- (1) Aggregate the incident-based sexual abuse data at least annually; and
- (2) Maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Upon request, YIC will provide all such data from the previous calendar year to the Department of Justice no later than August 15th. YIC was not requested to do so for calendar year 2016.

**Policy**

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**Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility

## Standard 115.388 Data review for corrective action

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

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

YIC will review the data collected for the Department of Justice in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

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

The report will include a comparison of the current year's data and corrective actions with those from prior year and will provide an assessment of the agency's progress in addressing sexual abuse. YIC's report will be approved by the Executive Director and made available to the public through its website. YIC can redact specific material from the report when publication would present a clear and specific threat to the safety and security of YIC, but must indicate the nature of the material redacted.

The DCS PREA Annual Report provides an assessment of the agency's progress in addressing sexual abuse. The report is published on the DCS website. YIC reported no youth-on-youth or staff-on-youth sexual victimization during the calendar years of 2015 and 2016.

### Interviews

- Agency Head (Designee)  
The UCHRA Human Resources Director confirmed YIC uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training by identifying problem areas and taking corrective actions.
- PREA Coordinator  
The PREA Coordinator confirmed YIC 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. The data is securely retained and corrective actions are taken as needed. He stated no allegations of sexual abuse or sexual harassment were received during 2015 and 2016.

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### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facility
- DCS PREA Annual Report

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

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

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

YIC will ensure data collected is securely retained; will make sure all aggregated sexual abuse data readily available to the public at least annually through the website; will remove all personal identifiers before the data is publicly available; will maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

### Interviews

- PREA Coordinator  
The PREA Coordinator confirmed YIC reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. He confirmed the data collected is securely retained and the agency takes corrective actions on a continuous basis based on the data.

### Policy

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- DCS PREA Annual Report

### AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert Burns Latham

August 19, 2017

Auditor Signature

Date