

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 8/30/2015

Auditor Information			
Auditor name: Jennifer Hamilton			
Address: 180 Spy Glass Way Hendersonville YN 37075			
Email: jennifer.hamilton08@comcast.net			
Telephone number: 615-330-7197			
Date of facility visit: 8-11-2-15-8-13-2015			
Facility Information			
Facility name: Blount County Juvenile Detention			
Facility physical address: 329 Court Street Maryville, TN 37804			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 865-273-5935			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Deputy Chief Chris Cantrell			
Number of staff assigned to the facility in the last 12 months: 21			
Designed facility capacity: 30			
Current population of facility: 5			
Facility security levels/inmate custody levels: secure			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Sherry Casey		Title: Prea Compliance Manager	
Email address: scasey@bcso.com		Telephone number: 865-273-5000	
Agency Information			
Name of agency: Blount County Detention Center			
Governing authority or parent agency: <i>(if applicable)</i> Blount County Sheriffs Department			
Physical address: 129 East Lamer Alexander Parkway			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 517-335-3489			
Agency Chief Executive Officer			
Name: Chief Jeff French		Title: Chief	
Email address: jfrench@bcso.com		Telephone number: 865-273-5000	
Agency-Wide PREA Coordinator			
Name: Captain John Adams		Title: PREA Coordinator	
Email address: jadams@bcso.com		Telephone number: 865-273-5137	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the **Blount County Juvenile Detention Center** was conducted on August 11, 12, 13th 2015 by Jennifer Hamilton and Martin Harrelson, as U.S. Department of Justice Certified PREA Auditors for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards.

During the two and one half days of the on-site audit, the auditors were provided a private, accessible office in the facility from which to work and conduct confidential interviews. Formal personal interviews were conducted with facility staff, juveniles, staff, administration, human resources, volunteers, contractors, medical staff, mental health providers, law enforcement detectives who investigate child sexual abuse cases. The auditors interviewed all four juveniles who were placed at the detention center during the audit. Staff members both front line and supervisory staff were interviewed representing all three shifts (1st shift 7am-3pm; 2nd shift 3pm to 11pm; and 3rd shift 11pm to 7am). Included in the interview process were specialty staff including medical (contract staff), counseling, first responders, investigators, intake and screening, human resources and training individuals. Also interviewed were the agency Director, PREA Coordinator, PREA Compliance Manager and the detention center Superintendent. Juveniles were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff was questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. The auditors reviewed personnel files to determine compliance with training mandates and background check procedures. Case files for youth in the facility were reviewed to evaluate screening and intake procedures, resident education and other general programmatic areas. The Blount County Detention Center reports no allegations of sexual abuse or sexual harassment in the past 12 months so the auditors were not able to review any investigations, related documentation or interview any victims.

After a brief introduction to administrative staff at the Blount County Detention Center. The auditors toured the facility. The facility is a 30 bed facility. The facility has three pods, one girls pod and two boys pods. The detention center also has three segregation cells, two used for administrative and disciplinary use, the other for medical use. The detention center has a school and has two contract teachers supplied by the local school district. All juveniles at the facility attend school daily, Monday through Friday. The facility has a medical room and has a nurse that is on call 24/7. There is also a doctor that contracts with the facility and visits one to two days per week.

The facility has a control room and is monitored by security cameras. The facility has a visitation area, the juveniles are given no-contact visitation except for exigent circumstances. The youth are allowed visitation with their case manager, P.O. , and attorney. In addition, there were no disabled or limited-English proficient juveniles reported or observed by the auditors.

The Documentation and information provided to the auditors by the PAQ was immaculate. The PAQ documentation provided us with all the information needed to conduct the audit. PREA Policy was developed and implemented. The Detention Center Staff provided us with copies of the Policy and Power Point. The Detention Center had posters all around the facility with the 1-800 number to call if the juvenile felt they had been sexually abused or sexually assaulted. There were also postings all around the facility regarding the audit. As auditors we felt the posters exceeded the standard. The posters and notices were in all the housing units, in the hallways, in the visitation area and in the school.

We interviewed the doctor for the facility, the RN, Community Crisis Intervention, a volunteer Chaplin and a contractor from the school system. As stated above we interviewed staff from all three shifts, both front line and supervisory. All staff as well as the above mentioned interviews, could answer everything we asked them regarding PREA by using the PREA questionnaires. The PREA Compliance Manager was more than helpful, she had everything organized, the training, the training records etc. We interviewed the intake staff and obtained a copy of the screening instrument which is completed within 72 hours of the juveniles entry to the center. We were also provided a brochure that the youth are given at intake with the 1-800 number on it and how to report any sexual abuse/sexual harassment. On the last day of the audit the techs were there installing new flat screen televisions in the living units and in intake that are going to continuously play a video regarding No Tolerance and PREA.

The agency Chief was interviewed as well as the facility Chief. Both were well informed about PREA and were very supportive of the PREA Standards. The PREA Coordinator was also interviewed. He is the PREA Coordinator for the jail as well as the juvenile detention center. Upon completion of the onsite audit, on August 13, 2015, a brief meeting was held with the administrative staff to discuss preliminary audit findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

Description of facility Layouts:

Blount County Detention Center is a secure detention center located in Maryville Tennessee. Fully licensed by the State of Tennessee. The Blount County Detention Center is a short term secure detention center.

The facility serves youth ages 12-17 that have been charged with delinquent charges.

Blount County Detention Center Mission Statement:

Our Mission is to protect and serve the citizens of Blount County by holding youthful offenders accountable for their actions. We also believe in treating the Juveniles with the upmost respect, while at the same time, encouraging positive pro-social behavior and attitudes that instill a sense of good will, positive self- esteem, and community citizenship characteristics to become productive and law-abiding citizens.

In terms of the facility layout, there is one building. There are three pods, one female pod and two male pods. The pods have individual cells with a dayroom. The dayrooms have televisions. The juveniles can watch television during certain parts of the day. There are camera's located in the housing dayrooms that are continuously monitored by the control room staff.

There are three isolation cells, one is for medical use and two are used for administrative and disciplinary. Isolation cells are monitored by cameras as well. The staffing ratios exceed the PREA standards required. BCJDC center also has a small outside recreational area where the youth can exercise one hour per day.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 8

Number of standards met: 31

Number of standards not met: 0

Number of standards not applicable: 2

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.

Policy Review:

Blount County does have a written policy mandating zero tolerance; PREA Policy: Prevention of Sexual Assault/Rape.

Interviews, Document Reviews, and Site tour:

The auditor conducted interviews of specialized staff, random staff and youth.

Blount County provided the auditor with an organizational chart which outlines Captain as the PREA Coordinator and a Deputy as the facility PREA Ccompliance Manager. Both indicated they have the time and authority to implement and carry out policy relating to PREA. The policy details the approaches it uses to prevent, detect and respond to sexual abuse and sexual harassment. The difinitions of prohibited behaviors are clearly defined, as are the sanctions for those who violate the policy.

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)

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.

Policy Review: N/A

Blount County is the contracted facility to house residents for Juvenile Justice Programs. They do not enter into contracts of their own to house their residents at other confinement facilities. This standard does not apply.

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)

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.

Policy Review:

Blount County's PREA Policy 4.04 states, "Mid or upper level Supervision must make documented unannounced rounds to identify and deter staff sexual misconduct and sexual abuse."

Interviews, Document Reviews, and Site Tour:

Blount County provided a copy of their staffing plan. The staffing plan included the following headings: Staff to Youth Ratios, Staff Supervision of Youth, Supervisory Personnel, Video Monitoring System, Applicable Laws, Regulations and Findings, and Staffing Plan Reviews.

The staffing plan exceeds the ratio of 1:8 during waking hours and 1:16 sleeping hours. Any time that the minimum staffing ratios are not met the circumstances must be documented in an incident report that lists the reason(s) and the duration that minimum staff-to-youth ratio was not met and any actions taken to correct the situation. This includes calling in additional staff to accommodate when indicated. The staffing plan is reviewed by administrative staff on an ongoing basis.

It was reported that there were no deviations from the staffing plan during the review period and that seemed to be supported through interviews and document reviews.

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.

Policy Review, Interviews:

- a) Cross gender strip searches are prohibited at BCJDC(Policy4.08). This is addressed in the policy. A visual body cavity search is only performed by medical staff.
- b) Cross gender pat down searches are prohibited except in exigent circumstances and must be documented.
- c) The facility has a policy that they must justify any cross gender strip searches, although they have not conducted one in the last 12 months.
- d) The facility has a policy(Ch 4, pg.3,4) that enables residents to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or incidental viewing during routine room checks. Staff of the opposite sex are required to announce their presence when entering housing areas.
- e) The facility policy prohibits the search of a transgender or intersex resident strictly to determine genital status. If status is unknown, it may be determined by conversation.
- f) Staff are trained to perform cross gender searches, however, they are not performed at this facility as sufficient staff are always available. Cameras are in use throughout the facility except where residents shower, use the toilet, or undress.

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.

Policy Review:

a)BCJDC has a policy (9.03) regarding communication with LEP, deaf, hearing impaired, mentally challenged blind or low vision, or individuals who are impaired intellectually.

Interviews:

The agency has an understanding with the local school system to provide interpreters, as well as patrol officers who speak Spanish. Written materials related to PREA are age appropriate and are offered in a language other than English.

The agency does not use resident interpreters.

The agency provides posted signs in Spanish regarding prevention, detection, response and reporting sexual abuse and sexual harassment. These signs are posted throughout the facility.

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)

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.

Policy Review:

BCJDC has a policy (Ch.1, pgs.23-27) prohibiting hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents who

- 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or
- 3) Has been civilly or administratively adjudicated to have engaged in the activity described above.

Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of a contractor who may have had contact with residents.

Agency policy (Ch.1, 23-27) requires that either background checks be conducted every 5 years of current employees.

Interviews, Site Tour:

The auditor interviewed Human Resources staff during which the hiring and promoting process was explained in further detail.

Since the agency is operated by law enforcement, all direct care staff are P.O.S.T. certified and background checks, both local and federal, are performed prior to consideration for hire. Any incidents of sexual abuse or harassment are considered prior to hire or promotion. Additionally, the Human Resources staff checks the DCS child abuse registry prior to hiring. Best efforts are made to contact previous employers regarding any history of sexual harassment. According to HR staff, unpaid employees are screened through NCIC and their local records check system using M&M software. All employees are required to disclose, on a continual basis, any conduct regarding sexual abuse or sexual harassment.

Standard 115.318 Upgrades to facilities 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)

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.

This standard is not applicable since there have been no substantial expansions or modifications during this reporting period. There is no policy relative to this standard.

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)

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.

Policy Review:

The agency has a policy that covers uniform evidence protocol for obtaining physical evidence for administrative proceedings and criminal investigations. Protocols exist for informed consent, confidentiality reporting to law enforcement, and reporting to child abuse investigative agencies. Any youth making an allegation is offered a forensic medical examination, that includes a Sexual Abuse Nurse Examiner and at no cost to the youth. The facility provides a victim advocate if requested, and this advocate is available for all interactions during the examinations, investigatory interviews, and for additional support and crisis services. The identified SANE facility is Blount County Memorial Hospital.

The policy is posted in the Court lobby and throughout the facility.

Interviews:

All staff interviewed had a working understanding of their responsibilities regarding the evidence protocol, timelines, and follow up in the event of an allegation of sexual abuse.

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)

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.

Policy Review:

BCJDC has a policy(Ch.9, pg.2) ensuring that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

BCJDC has a policy(Ch.9, pg.2) requiring allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations including the agency if it conducts its own investigations.

Interviews:

The agency had 0 allegations of sexual abuse or sexual harassment in the last 12 months.

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)

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.

Policy Review:

BCJDC has a policy that requires PREA training initially upon employment and a yearly review.

Interviews

Interviews with random staff and specialized staff indicate a solid understanding of all aspects of PREA including:

- 1) The agency’s zero tolerance policy for sexual abuse and sexual harassment;
- 2) Their responsibility regarding prevention, detection, reporting and response to sexual abuse and sexual harassment;
- 3) Resident’s rights to be free from sexual abuse and sexual harassment;
- 4) Resident’s and employee’s rights to be free from retaliation for reporting sexual abuse or harassment;
- 5) The dynamics of sexual abuse and sexual harassment in facilities;
- 6) Common reactions of juveniles who are victims of sexual abuse and harassment;
- 7) Ability to detect and respond to signs of threatened 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 with residents, including lesbian, gay, bisexual, transgender intersex, or gender nonconforming residents;
- 10) How to comply with laws regarding mandatory reporting of sexual abuse to outside agencies
- 11) Laws regarding the age of consent.

The facility maintains records of all employee training.

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.

Policy Review:

BCJDC policy(2:15) requires all volunteers and contractors who have contact with residents have received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response. This training is documented.

Interviews:

Through interviews, the volunteers were able to indicate a good understanding of their responsibility regarding their responsibilities to report, respond, detect and prevent sexual abuse and sexual harassment.

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.

Policy Review:

BCJDC Policy states that residents receive information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, that the information is age appropriate, and covers residents who are transferred from one facility to another regarding their right to be free from sexual abuse, harassment, or retaliation for reporting.

PREA education is available for LEP, deaf, visually impaired, otherwise disabled or have limited reading skills.

Interviews

Upon intake, residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report. This is done before the resident is placed in population. Residents are shown an age appropriate video outlining PREA. The facility is in the process of setting up a video that plays on a continuous loop. The information is also available in a resident handbook.

All 4 residents were interviewed during the on site tour. Except for one individual who was under the influence, all residents remembered key elements of the PREA education, including their right to be free from sexual abuse, harassment and retaliation. They were aware of where to call to report, who to report to, and how to report anonymously.

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)

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.

Policy Review:

BCJDC policy requires that investigators are properly trained in conducting sexual abuse investigations in confinement settings. The agency maintains records of this training.

Interviews:

Investigator staff consists of an investigator with the Blount County Sheriff’s Office. During the interview, he was very astute in his knowledge of his responsibilities and obligations during an investigation. His specialized training consists of techniques for interviewing juvenile sexual abuse victims, proper use of Miranda/Garrity warnings, evidence collection specific to confinement settings, and the required evidence needed to substantiate a case for prosecution or administrative action.

The CPIT develops a coordinated response to allegations of sexual abuse. The team includes staff from CPS, DCS, District Attorney, Child Advocacy Center, Maryville Police, Alcoa Police, and Blount County Sheriff’s Office.

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.

Policy Review:

The agency has a policy relative to training of medical and mental health practitioners working within the facility.

Interviews:

The Nurse and Physician were both interviewed during the on site tour at BCJDC. Both were able to articulate the specialized training they received regarding detecting, reporting and responding to sexual abuse and sexual harassment in a confinement setting. The medical staff do not conduct the forensic exams.

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.

Policy Review/Interviews/Site Visit

- (a) Blount County Detention requires a juvenile will be reviewed within 72 hours of arrival to determine a residents risk of sexual vulnerability. All of the eleven elements of Standard 115.341(c) are listed in the BCJD PREA Policy.
- (b) Blount County Detention Center uses an objective screening instrument. The auditors were provided a copy of the screening instrument.
- (c) During screening all elements of the PREA standard are in the BCJDC screening instrument
 1. Prior Victimization or abusiveness;
 2. Any non-conforming appearance or manner or identification as lesbian, gay, transgender, or intersex, and whether the juvenile may therefore be vulnerable to sexual abuse;
 3. Current Charges and offense history;
 4. Age;
 5. Level of emotional and cognitive development;
 6. Physical size and stature;
 7. Mental Illness or Mental disabilities;
 8. Intellectual or developmental disabilities;
 9. Physical disabilities
 10. The juveniles own perception of vulnerability;
 11. Any other specific information about individual juveniles that may lead to heightened needs for supervision, additional safety precautions, or separation from certain other juveniles
- (d) The agency has a policy that implements appropriate controls on the dissemination of the responses to questions pursuant to the standard in order to ensure that sensitive information is not exploited to the juveniles detriment or other juveniles within the facility

Blount County Detention utilizes a PREA Intake Screening for screening for risk of victimization and abusiveness. Upon review of this screening tool, auditors noted that it accounted for all required elements. Review of youth files and interviews with staff verified that the screening is being done within 72 hours of intake; generally the same day. The files reviewed contained the PREA questions and documentation. New intakes are now receiving the new screening, but it did not appear that all youth have been screened with the new screening tool. Also, it was not clear whether there is periodic reassessment completed. Being newly implemented, reassessments have not yet been conducted and the staff interviewed did not seem clear on the expectations of reassessment. With that said, Treatment Team seems to be very active and youth are reviewed on a regular basis (once per month), though, the PREA Screening isn't currently conducted again as part of that process.

The PREA Intake Screening is largely objective, though, there is no scoring system, or the like, to increase the likelihood of consistency between raters. The Screening form accounts for all required elements of 115.341(c).

Screening information seems to be obtained through conversation with residents. Staff who conduct the screening of residents were able to articulate that residents are assessed on a case by case basis. Review of court records, case files, behavior reports, and other relevant documentation is a part of the review process.

The screening is completed by two different officers, one being the PREA Compliance Manager
The Detention Center has implemented a video that is continuously playing during intake/screening

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.

Interviews, Policy Review and site Review:

- (a) Blount County Detention PREA Policy addresses this standard, it asserts that information obtained from the screening is used to make housing, bed, program, education, and work assignments. Policy Chapter 10
- (b) 1 BCJDC Policy states that juveniles at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are adequate to keep them and other juveniles safe. Policy Chapter 10
- (b) 2 Policy also states that juveniles at risk of sexual victimization placed in isolation have access to legally required educational programming, special education services, and daily large muscle exercise. Policy Chapter 10
- (b) 3 The BCJDC states there have been no residents of sexual victimization placed in isolation in the past 12 months.
 - (b) 4 There have no juveniles placed in isolation at risk of sexual victimization therefore there no no juveniles denied access to daily large muscle exercise , special educational programming in the past 12 months
 - (b) 5 There have been no juveniles placed in isolation in the past 12 months
- (c) 1 The BCJDC prohibits placing lesbian, gay, bisexual , or transgender juveniles in a particular housing unit or other assignments solely based on the such identification status.
 - (c) 2 The BCJDC prohibits considering lesbian, gay, bisexual, or transgender of intersex identification or status as an indicator of likelihood of being an abuser.
- (d) 1 The BCJDC makes housing and program assignments for transgender or intersex juveniles on a case by case basis
- (h) 1 There were no cases where a juvenile was placed in isolation in the past 12 months due to safety or less alternative means of supervision.
 - (i) 1 If a juvenile is placed in isolation for risk of sexual victimization the facility affords the juvenile a review for their need from separation from the general population every thirty days. There have been no youth in isolation in the last 12 months for sexual victimization. Chapter 10 Policy.

The auditors ascertained that housing and bed assignments are made in a collaborative effort, but primarily by the Detention Center Staff.. Staff who conduct the risk screening of juveniles were able to articulate how information gleaned from the screening assessment was used to make housing, program, education and work assignments for residents.

Blount County Detention uses the isolation rooms for about six hours to assess the youths behavior, mental status, basically as time-out rooms for very brief periods of time, does not isolate youth as a result of the screening or due to risk of victimization. Zero youth at risk of victimization were isolated during the review period.

Blount County Detention prohibits the placement of LGBTI youth in particular housing, bed, or other assignments solely on the basis of such identification or status. The site tour and review of rosters corroborated this.

The facility reported LGBTI youth that they have had LGBTI youth in the past. However, at the present time there are no LGBTI youth at the detention center. The auditors interviewed all of the juveniles at the facility during the audit and did not observe or have any disclosures of LGBTI. Policy states that placement of transgender/intersex youth will be considered on a case-by-case basis. Policy mandates the reassessment twice per year for transgender and intersex residents.

All youth shower separately. Each housing unit has a single shower that has a shower door.

BCJDC Chapter 10 Policy Prohibits isolation for more than a few hours and would be used if there were no alternative means; Also through interviews there has not been a reason thus far this has not been an issue for this facility. The detention center is short term, and usually does not have many juveniles and the staff feel as though they could make arrangements by moving juveniles if need be rather than the use of isolation.

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.

Policy Review- Interviews and Site Visit:

b)a Blount County Detention has multiple internal ways for youth to report sexual abuse and sexual harassment to include: verbally or in writing to any staff, counselor, or administrator, in writing, or use of the grievance system.

Blount County Detention Policy states the juvenile can tell any staff about sexual abuse/sexual harassment. The interviewed all stated they were aware of this process and would feel comfortable telling a staff member if they were sexually abused or sexually harassed. Juveniles are provided with access to necessary tools to make a written report. This is done primarily through the grievance process. Juveniles can at any time write a grievance and can place it in a locked grievance box. These grievance boxes are placed on each unit and are collected daily.

b)1 There were posters posted all around the facility regarding sexual abuse/sexual harassment with the 1-800 number posted. The posters were in English and Spanish. The juveniles can also report to their parents or attorneys. The juveniles who were interviewed all stated they knew they could report and the report could be anonymous.

b)2 Blount County Detention does not accept youth who are detained solely for civil immigration.

c)1 Blount County has a policy mandating that staff accept verbal reports, immediately.

c)2 Blount County has a policy that requires staff to document all verbal reports, immediately. All staff interviewed stated that they would report an allegation of sexual abuse immediately and document it immediately.

d) 1 The facility provides juveniles with access to tools to make a written report of sexual abuse or sexual harassment, retaliation by other juveniles or staff for reporting sexual abuse or sexual harassment made and staff neglect or violation of responsibilities that may have contributed to such incidents. The staff interviewed stated this would be handled immediately like a sick call.

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.

Interviews, Document Review, and Site Tour:

- a)1 Blount County Detention has an administrative procedure that deals with grievances regarding sexual abuse or sexual harassment. This is done through the grievance process. This is documented in student handbook. All juveniles and staff know about the grievance process
- b)1 The facility allows the juvenile to file or submit a grievance anytime regardless of when the incident is alleged to occur. This is documented in the juvenile handbook. The staff and juveniles were aware that the juvenile could file a grievance regardless of when it occurred.
- b) 2 Blount County Juvenile Detention Policy allows a juvenile the use of a informal grievance process, a BCJDC Supervisor is responsible for handling all juvenile grievances and may do so informally
- c) 1 BCJDC allows for a youth to submit a grievance to someone other than submitting to the staff member who is the subject of the complaint. All staff and juveniles interviewed stated this is the procedure and it is located in the student handbook.
- d) 1 DCJDC allows the supervisor 10 working days to review the grievance and make a decision. If the juvenile does not agree with or accept the decision , they have five working days to appeal to the Administrator, who will then have five working days to make a decision, which far exceeds the PREA standard. Staff and youth interviewed were aware of this procedure. This is documented in the Student Handbook.
- d) 2 In the past 12 months there have been 0 grievances filed that alleged sexual abuse
- d) 3 There were no grievances that alleged sexual abuse in the past 12 months
- d) 4 There were no extentions filed because there were no grievances filed regarding sexual abuse
- d) 5 Again there have been no grievances filed in the past 12 months that allege sexual abuse
- d) 6 The Agency notifies the juvenile when a decision has been made; there have been none in the past 12 months. However, this is documented in the Student Handbook.
- e)1 Agency policy and procedures are to allow third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates to assist residents in filing request for administrative remedies relating to allegations of sexual abuse and to file on behalf of the juvenile
- e) 2 Agency Policy and procedures require that if a juvenile declines to have third party assistance in filing a grievance alleging sexual abuse, including appeals on behalf of the juvenile, the agency documents the juveniles decision to decline. This is located in the student handbook, being a juvenile an allegation of sexual abuse will be reported irregardless.
- e) 3 BCJDC Policy allows parents or legal gaurdians to file a grievance including appeals on behalf of the juvenile ; regardless of whether or not the juvenile agrres to having the grievance filed on his behalf.in which juveniles declined third-party assistance
- e)4 There have been no grievances filed during the past 12 months alleging sexual abuse where the juvenile declined third-party assistance. This is documented in the Student Handbook.
- f) 1 The BCJDC has established a policy for filing an emergency grievance alleging that a juvenile if subject to substantial risk of sexual abuse.
- f)2 The BCJDC has established a policy and procedures for emergency grievances alleging substantial risk of sexual abuse require an initial response within 24 hours
- f)3 There were no grievances filed in the past 12 months that required a 48 hour response
- f)4 There were no grievances filed therefore no 48 hour response
- f) 5 The agency policy and procedures for emergency grievances alleging substantial risk of sexual abuse or imminent risk of sexual abuse require a final agency decision be made in 5 days
- f) 6 There have been no grievances filed in the last 12 months that would have required a five day response
- g)1 The agency has a written policy that limits its ability to discipline a juvenile for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the juvenile filed the grievance in bad faith. This is documented in the student Handbook.
- g)2 In the past 12 months there have been no grievances filed in bad faith. This is documented in the Student Handbook

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.

Policy Review, Interviews and Site Review

Interviews, Documentation, and Site Tour:

- a)1 BCJDC policy does not address victim advocacy or emotional support for victims of sexual abuse. The Detention Center provides juveniles with access to outside victim support services related to sexual abuse by doing the following:
- gives juveniles (by providing , posting, or otherwise making accesible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) or local , state, or national victim advocacy or rape crisis organizations.
 - gives juveniles (by providing , posting, or otherwise make making accessible where available) of immigrant service agencies for persons detained solely for civil immigration purposes.
 - enables reasonable communication between juveniles about these organizations, in a confidential manner as possible. This is supported by BCJDC Policy Chapter 12 and the Student Handbook. The auditors also talked with staff and youth and they knew that emotional support services are available. There are pamphlets with the 1-800 Hotline number given to the juveniles at intake. There is also a video that plays continuous in intake and in the housing units with information about Zero Tolerance , How to get help.....And How to Report.
- b)1 The facility informs juveniles , prior to giving them access to outside support services, the extent to which communications will be monitored.This is located in BCJDC Policy Chapter 12 and the Student Handbook.
- b) 2 The facility informs juveniles , prior to giving them access to outside support services, of the mandatory reporting rules privacy , confidentiality and /or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State , or local law. This is documented in Chapter 12 of the BCJDC and the Student Handbook. The facility has a community mental health agency that works with the juveniles and would be available to a juvenile if a PREA incident occurred. I spoke to a person at the commity mental health agency who stated they have a great relationship with BCJDC. The mental health organization is also a part of the Child Prpctective Intervention Team.
- c)1 The agency maintains an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Again I spoke to a person from the community health organization who would be available if there was a PREA incident at the detention center and is a member of the CPIT Team.
- c) 2 There is no document of this agreement
- d) 1 The facility provides residents with reasonable and confidential access to their attorneys or legal representation. This is documented in the Student Handbook. This was aso documented during interviews with the youth who stated they can call their attorney or visit when needed. The auditors also observed on attorney visiting with a juvenile during the site visit.
- d) 2 The facility provides juveniles with reasonable access to their parents or legal guardian. This is documented in the handbook. Interviews with juveniles also documented access to the juveniles parents by visitation or phone calls. The PREA Coordinator also stated that if there were a PREA incident the juvenile would be able to contact their parents or legal guardian.

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.

Policy Review:

- a) 1 The Blount County policy does specifically address the means in which a third party can make reports of sexual abuse/sexual harassment. This is documented in the Student Handbook.
- a) 2 The BCJDC publically distributes information on how to report juvenile sexual abuse or sexual harassment on behalf of the juvenile. Student Handbook, Posters in the Visitation area with 1-800 hotline number.

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.

Policy Review, Site Visit, Interviews

- a) 1 The agency requires all staff to immediately report and according to agency policy any knowledge suspicion , or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether it is part of the agency or not part of the agency. This is documented in the Juvenile Handbook.
- a) 2 The BCJDC policy requires all staff to report immedietly and according to agency policy any retaliation against juveniles or staff who have reported an incident of retaliation.
- a) 3 The BCJDC requires all staff to immediatly report and according to agency policy any staff neglect or violation of responsibilities that may have contributed to to an incident of or retaliation. BCJDC Policy Chapter 9.
- b) 1 The BCJDC requires all staff to comply with any applicable mandatory child abuse reporting laws.
- c) 1 Apart from responding to the designated supervisor s or officials and designated local, state agencies, the agency prohibits staff from revealing any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decsions. BCJDC Chapter 9.

Interviews with random staff, both front line and supervisory stated they were aware of the above policy and knew they were mandated reporters if there were any incident of child sexual abuse at the facility. There were also posters posted around the facility with the 1-800 Hotline number that clearly gave the information to the staff.

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.

Policy Review/Interviews/Site Visit

- a) 1 When the detention center becomes aware that a resident is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the juvenile (i.e. it takes some action to to protect the juvenile and implement appropriate protective measures without unreasonable delay). This is documented in BCJDC Policy Chapter 10.

Standard 115.363 Reporting to other confinement facilities

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

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.

Policy Review:Interviews: Site Visit

- a)1 The agency has a policy requiring that, upon receiving an allegation tha a juvenile was sexually abused while confined in another facility, the head of the facility must notify the head of the appropriate facility or appropriate office of the agency or facility where the abuse is alleged to occur. This is documented in Chapter 9 of the BCJDC Policy page 2.
- a) 2 The agency’s policy also requires the head of the facility to notify the appropriate investigative body. This is also documented in Chapter 9 of the BCJDC Policy.

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.

Policy Review/Site Visit/Interviews

- a) 1 The BCJDC has a first responder policy for allegations of sexual abuse.
The facility separates the victim and the abuser
Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence
If the abuse occurred within a specific time period that still allows for the collection of physical evidence, request that the victim not take any actions that could destroy any physical evidence, including , as appropriate , washing, brushing teeth, changing clothes, urinating, defecating, smoking drinking or eating.
If the abuse occurred within a time period that still allows the collection of physical evidence ,ensure the alleged abuser does not take any actions to destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
This is documented in the BCJDC Emergency Plan. Interviews with staff also corroborated that they knew the policy and procedure to follow as a first responder including all of the above.
- b) 1 The BCJDC Policy requires that if the first responder is not a security staff member , that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence Notify Security Staff. This is documented in the BCJDC Emergency Plan. Staff interviews also corroborated this in their interviews.
- b) 2 Of the number of times a non-security of the allegations that a juvenile was sexually abused made in the last 12 months the first responder was not a non-security staff was a first responder: there were no incidents in the past 12 months at the BCJDC.
- b) 3 Of those allegations responded to by a non-security staff , that number of times that staff member:
Requested the alleged victim not take any actions that could destroy evidence 0
Notify Security Staff- There were no allged incidents in the past 12 months at the BCJDC.

This was also corroborated through interviews with the staff and the PREA Complince Manager and the PREA Coordinator.

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.

Policy Reviews/Interviews/Site Visit

- a) 1 The BCJDC has a written Emergency Plan to to coordinate actions to an incident of sexual abuse among staff first responders, medical and mental health practionioners , investigators and facility leadership. This is documented in the BCJDC Emergency Plan
This standard was also corroborated by interviews with staff who knew about the Emergency 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.

Policy Review/Interviews/Site Visit

- (a) Neither the agency or any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreements that limits the agency's ability to remove staff alleged sexual abusers from the contact with juveniles pending the outcome of the investigation or determination of an investigation of whether and to what extent discipline is warranted. BCJDC Policy 10 documents BCJDC does not enter into any type of collective bargaining. This was also verified with the interview with the PREA Compliance Manager.
- (b) Nothing in the standard shall restrict the entering into a renewal of agreements that govern:
 - 1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.372 and 115.376; or
 - 2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from a or retained in the staff member's personnel file following a determination that the allegation is not substantiated. BCJDC Policy 10 and interviews with the PREA Compliance Manager both document this standard.

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.

Policy Review/Interviews/Site Visit

- (a) 1 The BCJDC has a policy to protect all juveniles and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation from retaliation by other juveniles or staff. BCJDC Policy Chapter 9.
- (b) 2 The agency designates a staff members or charges departments with monitoring of possible retaliation. Supervisory Staff along with the PREA Coordinator are charged with the issue of monitoring for possible retaliation.
- (c) 3 The facility monitors the the conduct or treatment of all juveniles and staff who report sexual abuse and of juveniles who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by juveniles or staff. Yes, throughout their stay.
- (c) 4 If yes how long does the facility monitor (c) 4 the conduct or treatment. The PREA Compliance Manager says this is monitored throughout the juveniles stay.
- (c) 5 The facility acts promptly to remedy any retaliation. Yes if there were any retaliation action would be taken immediately. (c) 4 The facility continues to monitor beyond 90 days if the initial monitoring indicates a continued need. Yes, but is very unlikely that a juvenile would be at the facility for more than 14 days. BCJDC is a short term secure facility
- (c) 6 The number of times an incident of retaliation occurred during the past 12 months. BCJDC states there have been no reports of sexual abuse or retaliation in the past 12 months.

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.

Policy Review/Interviews/Site Visit

a)1 The BCJDC has a policy that juveniles who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other juveniles safe, and only until an alternative means of keeping all juveniles safe can be arranged. BCJDC Policy states above however there have not been any allegations in the past 12 months. Staff and PREA Compliance Manager were all aware of this policy and could articulate their understanding of the policy.

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.

Policy Review/Interviews/Site visit

- (a) 1 When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports.
BCJDC has entered into an agreement to work cooperatively and collaboratively as a multidisciplinary team to ensure an effective coordinated response to child sexual abuse defined in TCA-9-4-213, 37-1-607. Allegations in this agreement is signed and documented by the Blount County Department of Children's Services Representative, The Blount County District Attorney, The Blount County Sheriff, City of Alcoa Police Department, City of Maryville Police Department, Blount County Juvenile Court, and Blount County Childrens Advocacy Center (which represents all CAC Services, such as forensic interview, medical and mental health, and victim advocacy /support components.
Blount County does their own administrative investigations if they do not rise to the level of criminal investigations which would fall under the grievance process.
- (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training involving juvenile victims pursuant to standard 115.334. (members of the CPIT receive special sexual abuse training).
- (c) Investigators shall gather and preserve, direct and circumstantial evidence, including any DNA evidence and any other electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. This is documented in BCJDC Policy Chapter 14 and is also documented in the Blount County Child Protective Investigative Team (CPIT) Protocol
- (d) The facility shall not terminate an investigation solely because the source of the allegation recants the allegation. This is documented in BCJDC Policy 14.
- (e) When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. BCJDC works directly with and is a part of the CPIT Team, all interviews would be coordinated to deter any obstacle to criminal prosecution. This is documented in the BCJDC Policy 14 and CPIT Protocol. This was also corroborated by interviews with members of the CPIT Team including a detective, a mental health representative, medical personnel and CAC staff, as well as staff of the BCJDC.
- (f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff. No agency shall require a juvenile who has alleged sexual abuse to submit to a polygraph

examination or any other truth telling device as a condition for proceeding with the allegation. This is documented in BCJDC Chapter 14 and CPIT Protocol.

- (g) Administrative Investigations:
 - 1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse and
 - 2. Shall be documented in a written report that includes a description of physical testimonial evidence, the reasoning behind credibility assessments and Investigative facts and findings.
- (h) Criminal Investigations shall be documented in written report that contains a thorough description of physical evidence, testimonial and documentary evidence where feasible. This is documented in BCJDC Policy 14.
- (i) Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. This is documented in the BCDC Policy 14 as well as the CPIT Agreement. This was also corroborated by interviews with members of the CPIT Team.
- (j) The agency shall maintain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency., plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter time period. There have been no reports of sexual abuse made at the BCJDC in the past 12 months. However, juvenile files are stored until the juveniles 25th birthday, so if there were an incident it would be stored until the juveniles 25th birthday. BCJDC Policy and interview with the PREA Compliance Manager document this as well.
- (k) The departure of the alleged abuser or victim from employment or control the the facility does not provide basis for terminating an investigation. This is documented in BCJDC Policy 14 and was also corroborated by interviews with detectives and other members of the CPIT Team.
- (l) Any State entity or Department of Justice component that conducts such an investigation shall do so pursuant to the above requirements. Documented by BCJDC Policy and interviews with CPIT members.
- (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the process of the investigation. This is not usually the case at the BCJDC however there could possibly be an investigation by an outside authority and BCJDC staff would cooperate with an outside investigation. BCJDC Policy 14 and interviews with the PREA Compliance Manager corroborate this information.

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.

Policy Review/Interviews/Site Visit

- (a) BCDC shall impose no standard of evidence higher than a preponderance of evidence in determining if the allegation of sexual abuse or sexual harassment are substantiated. Documented in Chapter 14 of BCJDC Policy. The administrative investigation would be done by Internal Affairs of the Sheriffs Department or PREA Compliance Manager at BCJDC. The PREA Compliance Manager has a certificate of training for PREA Investigations inside a facility. The auditors were provided a copy of this certificate during the Interview with the PREA Compliance Manager.

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.

Policy Review/Interviews/Site Visit

- (a) Following an investigation into a juveniles allegation of sexual abuse suffered in the BCJDC the juvenile shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This is documented in BCDC Policy 14 and in the Student Handbook. The PREA Compliance manager also corroborated this in the interview. There have been no incidents in the past 12 months so there was no documentation in the juvenile files
- (b) If the BCJDC does not perform the investigation they will request the relevant information from Internal Affairs or other outside agency in order to inform the juvenile. This is documented in BCJDC Policy 14 and supported by the interview with the PREA Compliance Manager.
- (c) Following a juveniles allegation that a staff member has committed sexual abuse against the juvenile, the facility shall subsequently inform the juvenile (unless the facility has determined the allegation is unfounded)

Whenever:

1. The staff member is no longer posted within the juveniles housing unit;
 2. The staff member is no longer employed by the facility;
 3. The facility learns that the staff member has been indicated on a charge related to sexual abuse within the facility;
 4. The agency learns that the staff member has been convicted on a charge relaed to sexual abuse within the facility.
- This information is documented in BCJDC Policy Chapter 14 and coroborated by the PREA Compliance Manager.
- (d) Following a juveniles allegation that he or she has ben sexually abused by another juvenile the facility shall subsequently inform the alleged victim whenever:
1. The agency learns that the alleged abuser has been indicated on a charge of sexual abuse within the facility; or
 2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

This information is documented int BCJDC Policy Chapter 14 and coroborated by the PREA Compliance Manager.

However, there has not been an allegation of sexual abuse or sexual harassment in the BCJDC in the past 12 months so there were no reports to review or notifications to review.

- (e) A facility's obligation to report under this standard shall terminate if the juvenile is released from the facility's custody. This is documented in BCJDC Policy 14 and Coroborated by interview with the PREA Compliance Manager.

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.

Policy Review/Interviews/Site Visit

- (a) BCJDC employees shall be subject to sanctions up to and including termination for violating facility sexual abuse or sexual harassment policy. Documented by BCSO Human Resources Policy 2-A and coroborated by the PREA Compliance Manager's interview. There have no reports of sexual abuse or sexual harassment at BCJDC in the past 12 months therefore there were no disciplinary sanction forms to review.
- (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This is documented in the BCSO Human Resources Policy 2-A. There have been no reports of sexual abuse against staff in the past 12 months therefore

there were no staff terminated for violating the facility's sexual abuse or sexual harassment policies. There were no staff who received sanctions or resigned due to sexual abuse or sexual harassment allegations during the past 12 months. This was corroborated with random staff interviews and interview with the PREA Compliance Manager.

- (c) Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. This is documented in the BCSO Human Resources Policy 2-A. This was also corroborated in the interviews with the PREA Compliance Manager and other staff interviews. There have been no allegations and no sanctions related to sexual abuse or sexual harassment in the past 12 months. Therefore, there was no documentation to be reviewed.
- (d) All terminations for volunteers of facility sexual abuse or sexual harassment policies, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and relevant to any relevant licensing bodies. This is documented in the BCJDC Volunteer Handbook. There have been no allegations of sexual harassment or sexual abuse in the past 12 months. Therefore there were no documents to be reviewed. This was also corroborated by interviews with The PREA Compliance Manager and Volunteer interviews.

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.

Policy Review/Interviews/Site Visit

- (a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity is clearly not criminal, and to relevant licensing bodies. This is documented in the BCSO Human Resources Policy 2-A. All contractors and volunteers go through the same PREA Training as staff and are held to the same standard. Volunteers and Contractors must sign off after they receive the PREA Training and acknowledge ZERO TOLERANCE and the understanding they are held to the same standard as staff up to prosecution. This was also corroborated by The PREA Compliance Manager interviews, interviews with volunteers and contractors.
- (b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with juveniles, in the case of sexual abuse or sexual harassment policies by a contractor or volunteer. This is documented in the BCSO Human Resource Policy 2-A. There is Zero Tolerance for sexual abuse or sexual harassment by volunteers and contractors and appropriate measures up to prosecution is in place. This was corroborated by interviews with PREA Compliance Manager, Volunteer Interviews and Contractor Interviews.

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.

Policy Review/Interviews/Site Visit

- (a) A juvenile may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that a juvenile has engaged in juvenile on juvenile sexual abuse or following a criminal finding of guilt for juvenile on juvenile sexual abuse. BCJDC Policy states that juveniles will be held accountable for any offense of sexual abuse with other juveniles. BCJDC has Zero Tolerance Policy on Sexual abuse. Juveniles are subject to this policy and they are subject to a formal disciplinary procedure, disciplinary sanctions from an administrative finding or a criminal finding of guilt, up to prosecution. This was also corroborated by staff interviews and juvenile interviews as well as interview with PREA Compliance Manager. There have been no disciplinary sanctions in the past 12 months in regards to sexual abuse or sexual harassment ; therefore there were no sanctions to review.
- (b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse. Committed by the juvenile , the juveniles disciplinary history, and sanctions imposed by other juveniles with similar histories. In the event a disciplinary sanction results in isolation of a juvenile, agencies shall not deny the juvenile large muscle exercise daily, or access to legally required education programming or special education services. Residents in isolation shall receive daily visits from medical or mental health care clinician. Juveniles shall also have access to work opportunities to the extent possible. This is documented in the BCDC Policy 10 and 14. Juveniles who are isolated are allowed one hour of large muscle exercise per day and they are allowed to continue their educational services, as well as be seen by medical staff daily. This was also corroborated by interviews with staff and an interview with a youth in isolation as well as the interview with the PREA Compliance Manager. In the past 12 months there have been no juveniles placed in isolation due to a sanction for juvenile on juvenile sexual abuse or sexual harassment.
- (c) The disciplinary process shall consider whether a juveniles mental disabilities or mental illness contributed to his /her behavior when determining what type of sanction, if any shall be imposed. Resident disciplinary sanctions are documented in BCDC Policy as well as the Student Handbook. There have been no disciplinary sanctions for sexual abuse /sexual harassment in the past 12 months so there were no sanctions to be reviewed, However, the policy and procedure are in place and documented to consider the juveniles mental disabilities or mental illness when making disciplinary decisions.
- (d) If the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require the juvenile in such interventions as a condition of access to any rewards based behavior management system or other behavioral based incentives, but not as a condition to access general programming or education. The BCJDC Policy 10 requires all juveniles to receive the mental health services they need . However the BCJDC is a short term facility and does not offer per say a perpetrator treatment option. However, the local mental health agency often comes and sees juveniles at the facility. As well the judge in Blount County often orders a psychological on juveniles in the facility and decisions about future placements and treatment are often gathered from this information. This was corroborated by the PREA Compliance Manager Interview.
- (e) The agency may discipline a resident for sexual contact with staff only upon finding out that a staff member did not consent to such contact. This is documented in BSJDC Policy and Procedure- Policy 10.
- (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged incident occurred shall not constitute lying even if an investigation does not establish sufficient evidence to substantiate the allegation. Documented in BCJDC Policy 10 documents this part of the standard. The BCJDC prohibits disciplinary action for a report made in good faith.
- (g) An agency may, in its discretion , prohibit all sexual activity between juveniles and may discipline juveniles for such activity. An agency may not constitute, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Documented in BCJDC Policy 10.....Consensual activity is not considered to be sexual abuse although it violates BCJDC Policy and subjects the juvenile to sanctions. There is to be no sexual contact between juveniles at the facility. This is also documented in the Student Handbook and corroborated by student and staff interviews.

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.

Policy Review/Interviews/Site Visit

- (a) If the screening pursuant to 115.341 indicates that a juvenile has experienced prior victimization , whether it occurred, in an instutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or menatal health practioner within 14 days of the intake screening, The screening instruemnt at the BCJDC indicates whether a youth has been sexually abused in the past. If the juvenile disclosing an incident of sexual abuse they will be referred to medical and mental health staff within 14 days of the screening. In the past12 months no juveniles have disclosed prior sexual abuse during the intake screening. Therefore there is no medical or mental health forms available for review.
- (b) If the screening pursuant to 115.341 indicates that a resident has previously perpetrated sexual abuse , whether in an institutional setting or community , staff shall ensure the juvenile is offered a follow-up meeting to ensure that : the juvenile was offered a meeting with a mental health practioner within 14 days. BCJDC policy 10 makes this requirement. There have been no youth that have disclosed prior perpetration during the intake screening at BCJDC in the past 12 months. Therefore there were no documents to review.
- (c) Any information related to sexual victimization or abusiveness, occurred in an instituational setting shalll be strictly limited to medical and mental health practioners, and other staff as necessary to inform treatment plans, management decisions, including housing , bed, work, education and program assignments , or as otherwise required by Federal, State or local law. BCJDC Policy 10 documents the information gained from the intake assessment be given on a need to know basis, for housing, bed, work, educational decions and to to ensure the safety of all the juveniles.

Review of juvenile records did not reveal any discloures of juvenile prior victimization during the past 12 months. The PREA Compliance Manager interview stated there were no such disclosures in the past 12months.

- (d) Medical and Mental health practioners shall obtain infirmed consent from juvniles before reporting information about prior victimization that did not occur in an institutional setting, unless the juvenile is under the age of 18. BCJDC houses juveniles between ages 12 and 17. Therefore if there is an allegation made it would have to be reported because the juveniles would be under the age of 18. TCA- Mandontory Reportin Staue and BCJDC Policy 10 documents this. All staff interviewed knew they were mandontry reportors of child sexual abuse.

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.

Policy Review/Interviews/Site Visit

- (a) Juvenile victims of sexual abuse shall receive timely, unimpeded accesss to emergency medical treatment and crisis intervention services, the nature and scope or which are determined by medical and mental health practioners, according to their professional judgement. This is documented in the BCJDC agreement with the CPIT Team, which includes medical and mental health professionals. This was also coroborated through interviews with members of the CPIT Team , medical and mental health members, and law enforcement interviews.
- (b) If no qualified medical or mental health practioners are on duty at the time the report is made , staff first responders shall take preliminary steps to protect the victim pursuant to 115.362 and shall immediately notify appropriaye medical and mental health practioners. BCJDC Policy 10 and 14 states that first responders are to make sure the alleged victim is safe. All first responders interviewed could articulate the actions they would take to protect the victim. BCJDC with their agreement with the CPIT Team includes medical and mental health practioners. These members are available 24/7. The region also has 13 Safe/Sane nurses and mental health practioners on call in case of a sexual abuse incident.
- (c) Juvenile victims of sexual abuse while incarcerated shall be offered timely information about timely access to emergency

contraception and sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care, where medically appropriate. BCJDC works with the CPIT medical professionals to ensure that alleged victims of sexual abuse are offered timely medical treatment and all of the above if an incident were to occur. The staff at BCJDC know and could articulate their necessary duties to ensure that the juvenile receive immediate medical care and treatment. Interviews with staff, CPIT members, the nurse at the BCJDC center who stated she would follow up on any needed medical treatment such as treatment for a STD. The PREA Compliance Manager also corroborated the above as does the documented CPIT agreement with BCJDC.

- (d) Treatment services shall be provided to the victim, without financial cost regardless if the victim names the abuser or cooperates with any investigation arising out of the incident. BCJDC Policy 10 and 14 and the CPIT Protocol state victims are provided all medical services from an incident of sexual abuse with no financial cost, no matter the circumstances. This was corroborated with member of the CPIT Team who were interviewed, both medical and mental health practitioners.

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.

Policy Review/Interviews/Site Visit

- (a) The detention center shall offer medical and mental health evaluation and, as appropriate, treatment to all juveniles who have been victimized by sexual abuse in an juvenile facility. BCJDC Policy 10 and 14 both document that juveniles will receive medical and mental health evaluations who have been victimized at any juvenile facility. The CPIT agreement also corroborates this in the agreement. The juvenile would receive evaluations from Safe/Sane nurses and mental health services through the local mental health center which is a member of the CPIT Team. Entities from both these parties were interviewed by the auditors.
- (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. BCJDC Policy 10 and 14 both document this information. Interviews with medical and mental health staff also confirm this information. There were no incidents reported in the past 12 months therefore there were no other records to review.
- (c) The facility shall provide such victims with medical and mental health services consistent with community level of care. BCJDC Policy and CPIT Protocol both document that the juvenile receive care as all community residents. There have been no incidents reported in the last 12 months therefore, there were no records to review.
- (d) Juvenile victims of vaginal penetration while incarcerated shall be offered pregnancy tests. This is documented in BCJDC Policy 10 and by CPIT Protocol. There have been no incidents reported in the past 12 months therefore there were no other documents to review.
- (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Medical and Mental health members of the BCJDC Center CPIT Team were interviewed and stated the juveniles would receive all medical services provided by the safe/sane nurses and mental health services by the mental health practitioner. Also the nurse at the BCJDC Center stated if further medical services were needed such as for Pregnancy related issues she would follow up to ensure the juvenile received the appropriate treatment. There were no incidents of reports of sexual abuse at the BCJDC therefore there were no juveniles to interview.
- (f) Treatment services of sexual abuse victims while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. This is done by the Safe/Sane nurses during the forensic medical exam. Interviews were conducted with the nursing staff as well as the nurse that works at BCJDC who stated if an incident occurred she would follow-up to ensure the juvenile was receiving the proper treatment. There have been no reports in the past 12 months at the BCJDC therefore there was no other documentation to review.
- (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim cooperates with any investigation arising from the incident. This is documented in BCJDC Policy 10 and 14 as well as the CPIT Agreement. There were no reports in the past 12 months verified by the interview with the PREA Compliance Manager and therefore there were no victims to interview or other documentation to review.
- (h) The facility shall attempt to conduct a mental health evaluation of all known juvenile on juvenile abusers within 60 days of learning of such abuse history and offer treatment which is deemed appropriate by mental health practitioners. Interview with the PREA

Compliance Manager, BCJDC is a short term facility, 14 days is the maximum stay. However, services are offered and treatment evaluations may be started at the facility however, most of the time the juvenile will not be at the facility long enough to complete a full evaluation. Although assessments and referrals will be made that may influence treatment and placement.

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.

Policy Review/Interviews/Site Visit

- (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has been substantiated, unless the allegation has been determined to be unfounded. There have been no reports of sexual abuse at the BCJDC in the past 12 months. However, they have set up a procedure to review an incident if an incident occurs. The PREA Compliance Manager stated the review would occur by her, The PREA Compliance Manager, the LTD, and the Chief in order to review what happened and what might have caused the incident and how they could learn how to prevent further incidents from occurring. There were no incidents reported in the past 12 months. Therefore there were no other documents to review.
- (b) Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation: There have been no allegations at the BCJDC of sexual abuse in the past 12 months and therefore there have been none to review. This information came from the interview with the PREA Compliance Manager.
- (c) The facility shall implement recommendations for improvement, or shall document reasons for not doing so. In the interview with the PREA Compliance Manager she stated there have been no sexual abuse allegations in the past 12 months and therefore there have been no reviews. However, BCJDC has this in policy and will definitely review any incident of sexual abuse and look for ways to improve if an incident occurred.

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.

Policy Review/Interviews/Site Visit

- (a) And (C) The facility shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident based data shall include, at minimum, the data necessary for all questions from the most recent version of Survey of Sexual Violence conducted by the Department of Justice. The Agency Blount County Sheriff's Department collects accurate data for every allegation of sexual abuse at facilities under its control using a standardized instrument and set of definitions. BCJDC uses the Eagle system to enter their data which is the same system the jail uses. The Blount County Sheriff's office is the Agency over the BCJDC. This is an electronic system and all

information regarding sexual incidents is where all such incidents are documented . The instrument includes at a minimum the data necessary to answer all questions from the most recent survey of the Survey Of Sexual Violence conducted by the Department of Justice. There have been no allegations of abuse in the BCJDC in the past 12 months therefore there was no documentation to review. However the system for review is in place.

(b) The agency shall aggregate the incident based data at least annually. BCJDC Policy and BCSO Policy both require this data to be aggregated annually. There have been no allegations of sexual abuse at the BCJDC and therefore no incidents on the data base.

D The agency shall maintain , review, and collect data as needed from all available incident based documents , including reports, investigation files, and sexual abuse incident reviews. BCJDC Policy 10 requires this to be done. However there have been no incident of sexual abuse at the BCJDC in the past 12 months therefore there was no data to review

(e) The agency also shall obtain incident-based aggregated data from every private facility with which it contracts for the confinement of residents. BCJDC does not contract for confinement of juveniles .

Therefore this is N/A

(e) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The Agency shall provide all all data to the Department of Justice from the previous year to the Department of Justice by June 30. BCJDC Policy 10.

This documentation will be located on the BCSO website: under the juvenile detention center. The BCSO and BCJDC Policy on ZERO TOLERANCE is also on this website as is how to report suspected abuse.

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.

Policy Review/Interviews/Site Visit

- (a) The agency shall review data collected and aggregated pursuant to 115.387 in order to assess and improve effectiveness of its sexual abuse prevention, detection , and response policies, practices, and training including :
1. Identifying Problem areas;
 2. Taking Corrective Action on an on-going basis ;and
 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

BCJDC under the scope of the BCSO prepares an annual report that reflects all data collected and aggregated pursuant to policy 115.387. in order to make improvements, identify problems and prepares an annual report. Documentation BCJDC Policy 10.

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.

Policy Review/Interviews/Site Review

- (a) The agency shall require that data collected pursuant to 115.387 is securely retained. BCJDC Center has a PREA Cabinet in the PREA Compliance Managers Office and any PREA data will be kept in a locked secure file cabinet. Interview with PREA Compliance Manager.
- (b) The agency shall make all aggregated data from facilities under its control or contracts with readily available to the public at least annually by website or other means. The BCJDC aggregate data will be on the 2015 BSCO Website along with their Zero Tolerance Policy.
- (c) Before making Public aggregated data , the agency shall remove all personal identifiers. BCJDC Policy 10 requires this and was corroborated by the PREA Compliance Manager Interview.
- (d) The agency shall maintain datat collected pursuant to 115.387 for atleast 10 years unless Federal, State or local law requires other The BCJDC Policy 10 requires all PREA related data be maintained for atleast 10 years.

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.

Jennifer Hamilton, MSSW

9/10/2015

Auditor Signature

Date