

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 08/14/2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Ronaldo D. Myers			
<b>Address:</b> 15 Founders Lake Court , Columbia, SC 29229			
<b>Email:</b> myersr2@rcgov.us			
<b>Telephone number:</b> 803-331-2729			
<b>Date of facility visit:</b> July 14-15, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Williamson County Juvenile Detention Center			
<b>Facility physical address:</b> 408 Century Court, Franklin, TN 37064			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (615) 790-5812			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Zannie Martin			
<b>Number of staff assigned to the facility in the last 12 months:</b> 17			
<b>Designed facility capacity:</b> 12			
<b>Current population of facility:</b> 6			
<b>Facility security levels/inmate custody levels:</b> minimum-maximum			
<b>Age range of the population:</b> 13-17			
<b>Name of PREA Compliance Manager:</b> Drason Beasley		<b>Title:</b> Detention Supervisor	
<b>Email address:</b> drasonb@williamson-tn.org		<b>Telephone number:</b> (615) 790-5812	
<b>Agency Information</b>			
<b>Name of agency:</b> Williamson County Juvenile Detention Center			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 408 Century Court, Franklin, TN 37064			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> (615) 790-5812			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Zannie Martin		<b>Title:</b> Director of Juvenile Services	
<b>Email address:</b> Zanniem@williamson-tn.org		<b>Telephone number:</b> (615) 790-5812	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> <a href="#">Click here to enter text.</a>		<b>Title:</b> <a href="#">Click here to enter text.</a>	
<b>Email address:</b> <a href="#">Click here to enter text.</a>		<b>Telephone number:</b> <a href="#">Click here to enter text.</a>	

## AUDIT FINDINGS

### NARRATIVE

The Williamson County Juvenile Detention Center is located in Franklin, TN approximately 20 miles outside of Nashville. It is operated by Williamson County Juvenile Services. The juvenile detention center is co-located with the Williamson County Sheriff's Office. The buildings are separated and provide for sight and sound separation as required by Prison Rape Elimination Act (PREA). The staffing level is within the PREA and DOJ requirements for juveniles.

I conducted the PREA audit of the facility and interviewed staff and residents. During the inspection, I interview 6 juveniles and 10 staff members, to include the contracted medical provider.

The facility was very clean and orderly. I spoke with the total population of juveniles and found all of the juveniles well versed with PREA; newly assigned juveniles also knew the reporting procedures. I must credit the facility on educating the juveniles. For example, I asked a juvenile to explain the intake process. He received an orientation just minutes after his arrival and was able to articulate when PREA was first mentioned. The staff was as equally informed of the PREA requirements.



## DESCRIPTION OF FACILITY CHARACTERISTICS

Williamson County Juvenile Detention Center is a 12 bed male/female facility staffed by 16 employees. The budget was approved for three additional juvenile staff. The facility is operated 24 hours a day, 7 days a week, for 365 days a year. There are 24 cameras strategically located throughout the facility to maximize viewing and to reduce blind spots in the facility.

The facility has a mixture of single and multi functional cells to ensure juveniles who need to be separated can be housed safely.

The juvenile court is co-located with WCJDC.

The Detention Center is designed to detain youth who:

1. Are in need of legal temporary placement;
2. Are pending adjudication;
3. Are awaiting disposition and/or placement;
4. Are in violation of probation;
5. Are an escapee or have absconded from a juvenile facility, institution, or court ordered placement; or,
6. Have within the last twelve (12) months willfully failed to appear at any juvenile court hearing, or engaged in violent conduct.

The facility is adjacent to the Williams County Sheriff Detention Center; however, it is clearly out of sight and sound of the adult facility.



## **SUMMARY OF AUDIT FINDINGS**

The agency was well prepared for the audit. The PREA Coordinator was knowledgeable of the PREA requirements and was able to answer all the questions concerning PREA and the WDJDC Policy and Procedure Manual. As we discussed the PREA standards, the PREA coordinator was able to reference the specific policy that correlated with the appropriate standard and the corresponding documents needed.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is stylized and appears to be a single name.

**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.**

The facility follows all steps in the PREA standard with training staff; steps are also outlined in the agency’s policy and procedure manual on how to handle PREA related issues. The policy is well versed and quotes PREA standard for “zero tolerance.”

P&P Manual Pages 3-4

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

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

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The agency has a mutual agreement/contract with Bedford County Juvenile Detention Center. Both agencies have agreed to house juveniles in accordance with this standards. The contract was amended on May 8, 2015 to include the PREA Standards for juveniles.

**Standard 115.313 Supervision and monitoring**

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

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The facility has enough staff and monitoring devices to effectively monitor the agency. The facility staffing plan has no deviations.  
PREA Audit Report

Positions are filled with overtime personnel to cover any shortages from the plan. There are contingency plans in place for emergency operations. There is a policy in place and sign-in log showing the report times of unannounced visits by the supervisors. See P&P Page 3,4 and 6

**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)

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The facility has a policy in place for cross-gender searches stating that cross-gender searches will only take place under extenuating circumstances and will be documented. There is no cross-gender viewing. The staff has been trained on how to conduct cross-gender searches. See P&P manual page 6

**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)

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The policy has all the essential information as prescribed in the standard. Pages 8 & 13-14

Information will be read to any visually impaired detainee and offered in writing to any hearing impaired detainee. The language line will be used for any limited English proficient residents.

**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.**

Williamson Juvenile Service completes a thorough criminal background check on all employees prior to hire. Checks include NCIC, local sexual predator registry, and past employment history. P&P pg 5

**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)

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The agency has adequate cameras and staffing throughout the facility. The staff has access to view cameras and is required to make security checks throughout the facility. The data storage is only for 30 days, and the recording is recorded over.

**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.**

Williamson County Juvenile Detention Center has a Written Response Plan (WRP) in place that directs each staff what to do if there is a PREA incident. Additionally, the WCJDC has an MOU with the Sexual Assault Center located in Nashville, TN. WRP pg 2-Sec C

**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.**

Williamson County Juvenile Detention Center has a Written Response Plan (WRP) in place that directs each staff member on what to do if there is a PREA incident. Additionally, the WCJDC has an MOU with the Sexual Assault Center located in Nashville, TN. Response Plan Page 2-Sec B. State of Tennessee requires that Department of Children investigates all allegations of sexual assaults on juveniles in custody. Additionally, the WCSO, who is not affiliated with WCJDC, will investigate.

### **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.**

WCJDC has a complete training curriculum on PREA related training. Also, a review of the training files shows employees have been trained and tested on the material. The auditor was given a sample copy of the training and file for the record.

### **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.**

The training for the volunteers is the same as the employee training. WCJDC has a complete training curriculum on PREA related training. Also, a review of the training files shows volunteers have been trained and tested on the material. The auditor was given a sample copy of the training and file for the record.

### **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.**

I spoke with each juvenile held at the facility during my audit. It was impressive how the juveniles answered questions without any hesitation. By the answers the juveniles gave, it was evident they were well-informed. WCJDC P&P pg 8-11 sec F-I covers the information extensively. Most impressive was the juvenile who was incarcerated for only a day, but he was able to quote the PREA and what to do if he was assaulted. The agency will make every effort to ensure the LEP is provided to the resident if needed.

**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.**

Tennessee Child Protective Services and the WCSO will conduct the official investigation for sexual assaults . The agency has P&P in place and a reponse plan to ensure an incident is investigated. Each agency employee has completed PREA training. Tennessee Child Protective Services is required by statute to investigate all sexual assaults on juvenile. P&P pg13 sec K

**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.**

WCJDC does not have any staff with sexual assault specialized training. However, WCJDC has an MOU with the Sexual Assault Center and Davis House Child Advocacy Center to ensure the resident has the proper medical and mental health care. P&P pg 8 sec F 6 and WRP

**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.**

The agency has a screening tool in place that covers all the current essential requirements of the PREA standard. Page 9 Sec G and H

**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)

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The agency is using the appropriate assessment tool to determine housing and risk. P&P pg 9 Sec H. The agency is required to use Tennessee Child Services Assessment Form CS 0496.

**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.**

The residents have been trained on all methods to report sexual abuse and sexual harassment. There are posters posted throughout the agency which outline what residents should do. The agency has a toll free number to report PREA related incidents. Additionally, residents can tell or write a visitor, parent, staff, supervisor or an attorney.

**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.**

All sexual assault grievances are addressed as a sexual assault response through Children Protective Service CPS and WCSO. P&P pg 11 Sec I sub para 6

#### **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.**

The agency has two MOUs in place that will provide counseling to the victim at no expense to the resident - SAC and DHCAC.

#### **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)

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The agency has given the residents a informational packet with several numbers they may call. There are posters throughout the facility with Crisis Center numbers. Additionally, residents receive visits from their parents, attorneys, social workers, and clergy.

#### **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)

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

The agency requires that staff report all allegations of PREA related incidents. The agency has outlined who to report such allegations to and a time line for the employee to adhere to. Additionally, Tennessee has a mandatory reporting state law if sexual assault is alleged.

**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)

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The agency has outlined in their policy what steps it will take to protect a resident from sexual assault or harassment. Immediate action is required to remove the victim or perpetrator. P&P pg 3 sec A

**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)

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The agency outlined its responsibility to notify the other agency within 72 hours. P&P pg 13 Sec J

**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)

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This standard is covered in the response plan. It outlines the first responder responsibilities. WRP page 1 Sec A

### **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)

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The facility has a response plan in place that covers all the elements of this section: First Responders, Criminal and Administrative Investigation, Evidence Protocol and Forensic Services, Access to Emergency Medical and Mental Health Care and follow-up of the same, and Protection from Retaliation.

### **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.**

Currently, there are no MOUs, MOAs, or contracts in place that will interfere with the agency's ability to enforce any PREA 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)

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The agency's response plan is very detailed. It outlines how the agency will protect and provide medical/mental health care for the victim.



Additionally, the response plan outlined in detail of sight and sound separation for the assailant, moved to another facility if possible, and ensuring there is no retaliation from the assailant.

#### **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)

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The agency will continue to monitor the victim for medical and mental health with follow-up counseling. Additionally, they will follow their response with separating the victim from the abuser.

#### **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)

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The agency does not investigate any sexual assaults. The WCSO and the Tennessee Child Protective Services will conduct all sexual assault investigations. Both agencies have staff trained in sexual assault cases. The WCJDC will receive periodic written reports from the WCSO and TCPS and stay informed of the progress of the investigation.

#### **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)

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The agency notes in their policy and procedure manual that the agency will not impose no standard higher than a preponderance of the evidence to determine whether allegations of sexual abuse or sexual harassment are substantiated.

### **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)

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WRP pg 7 sec H P&P 11 sec I: The response plan outlines that the agency will keep the victim informed of the progress of his/her case. This will be documented for the record to ensure compliance.

### **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)

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Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed. Termination is the presumptive disciplinary sanction for a staff member who commits sexual abuse. P&P pg13 sec L

### **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)

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Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law



enforcement, unless the activity was clearly not criminal, and also to relevant licensing bodies. P&P pg 14 sec N

### **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.**

WCJDC considers several factors prior to sanctions being taken against a resident to include prior history, mental health, and therapy for the resident. P&P pg 14 sec M

### **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.**

The residents are given a quick assessment as soon as they are processed into WCDJC. Residents are given a more in depth assessment within 72 hours of arrival and throughout their stay at the facility. Information gathered at intake includes: medical/mental health, classification, staff interaction, and court records. This information is confidential and is evaluated by WCDJC. P&P pg 9 G&H

### **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.**

The resident will receive unimpeded access to emergency medical care. The WCJDC has MOUs in place with the Sexual Assault Center

and the Davis House Child House Advocacy Center to ensure the medical and mental health needs of the victim are sufficiently met.

**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.**

The WCJDC has MOUs in place with the Sexual Assault Center and the Davis House Child House Advocacy Center to ensure the medical and mental health needs of the victim are sufficiently met.

**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.**

The WCJDC will have the Assistant Director, medical staff, and investigator review the incident and make recommendations on how to prevent such incidents. Pg 15 sec 1

**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.**

Data collection will be used to review to identify issues which may have been overlooked. Also, information will be used to report to the DOJ any incidents of sexual abuse or sexual harassment. The data will be stored for 10 years and will be readily available for the general



**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.**

WCJDC shall review the aggregated data to assess and improve its effectiveness in preventing, detecting, and responding to sexual abuse by:

Identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions.

The report shall include a comparison of data from the current year to data from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The report shall be approved by the Director and shall be made available on the WCJDC website. P&P pg 16 sec 3b

**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.**

The retention records are within the PREA guidelines of 10 years. P&P pg 16 3d

**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.

Ronaldo D. Myers



September 1, 2015

Auditor Signature

Date

