

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report    6/18/2020

### Auditor Information

<b>Name:</b> DeShane Reed	<b>Email:</b> drbconsultinggroup@gmail.com
<b>Company Name:</b> DRB Consulting, LLC	
<b>Mailing Address:</b> 2760 Fortune Circle E. Ste. #421424	<b>City, State, Zip:</b> Indianapolis, IN 46241-9998
<b>Telephone:</b> (317) 777-3102	<b>Date of Facility Visit:</b> September 24-25, 2020

### Agency Information

<b>Name of Agency</b>		<b>Governing Authority or Parent Agency (If Applicable)</b>	
Madison County Juvenile Detention Center (MCJCS-JDC)		Madison County Juvenile Court Services (MCJCS)	
<b>Physical Address:</b> 224 Lexington Avenue		<b>City, State, Zip:</b> Jackson Tennessee 38301	
<b>Mailing Address: Same as Physical</b>		<b>City, State, Zip: Same as Physical</b>	
<b>Telephone:</b> (731) 423-6140 *114		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>		<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> "To serve the community, build stronger families, and teach accountability with a focus on rehabilitation through servant leadership." ."			
<b>Agency Website with PREA Information:</b> <a href="https://madisoncountyttn.gov/153/juvenile-court-services">https://madisoncountyttn.gov/153/juvenile-court-services</a>			

### Agency Chief Executive Officer

<b>Name:</b> Amy Jones	<b>Title:</b> Juvenile Court Services Director
<b>Email:</b> Ajones@madisoncountyttn.gov	<b>Telephone:</b> (731) 423-6140 *7114

### Agency-Wide PREA Coordinator

<b>Name:</b> Amy Jones	<b>Title:</b> Juvenile Court Services Director
------------------------	--

<b>Email:</b> Ajones@madisoncountyttn.gov	<b>Telephone:</b> (731) 423-6140 *7114
<b>PREA Coordinator Reports to:</b> Madison County Mayor	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 1

### Facility Information

<b>Name of Facility:</b> Madison County Juvenile Detention Center	
<b>Physical Address:</b> 224 Lexington Avenue, TN 38301	
<b>Mailing Address (if different than above):</b> Same as Physical	
<b>Telephone Number:</b> (731) 423-6140 *7114	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention <input type="checkbox"/> Correction <input type="checkbox"/> Intake <input type="checkbox"/> Other
<b>Facility Mission:</b> “To serve the community, build stronger families, and teach accountability with a focus on rehabilitation through servant leadership.”	
<b>Facility Website with PREA Information:</b> <a href="https://madisoncountyttn.gov/153/juvenile-court-services">https://madisoncountyttn.gov/153/juvenile-court-services</a>	
<b>Is this facility accredited by any other organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### Facility Administrator/Superintendent

<b>Name:</b> Roosevelt Washington/Marvin Taylor	<b>Title:</b> Juvenile Detention Center Co-Managers
<b>Email:</b> <a href="mailto:rwashington@madisoncountyttn.gov">rwashington@madisoncountyttn.gov</a> ; <a href="mailto:marvintaylor@madisoncountyttn.gov">marvintaylor@madisoncountyttn.gov</a>	<b>Telephone:</b> (731) 423-6140 *7112 *7111

### Facility PREA Compliance Manager

<b>Name:</b> Roosevelt Washington	<b>Title:</b> Juvenile Detention Center Co-Manager
<b>Email:</b> Rwashington@madisoncountyttn.gov	<b>Telephone:</b> (731) 423-6140 *7112

### Facility Health Service Administrator

<b>Name:</b> Marvin Taylor	<b>Title:</b> Juvenile Detention Center Co-Manager
<b>Email:</b> Marvintaylor@madisoncountyttn.gov	<b>Telephone:</b> (731) 423-7111

### Facility Characteristics

<b>Designated Facility Capacity:</b> 7	<b>Current Population of Facility:</b> 4
--	--

<b>Number of residents admitted to facility during the past 12 months:</b>		426
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 2 days or more:</b>		120
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>		104
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>		N/A
<b>Age Range of Population:</b>	Ages 12-17 (range)	
<b>Average length of stay or time under supervision:</b>		5.12 Days
<b>Facility Security Level:</b>		Secured
<b>Resident Custody Levels: 1</b>		Maximum
<b>Number of staff currently employed by the facility who may have contact with residents:</b>		21
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>		21
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>		0
<b>Physical Plant</b>		
<b>Number of Buildings: 1</b>		<b>Number of Single Cell Housing Units: 2</b>
<b>Number of Multiple Occupancy Cell Housing Units:</b>		0
<b>Number of Open Bay/Dorm Housing Units:</b>		0
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		1
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>		
<p>Madison County JDC has 18 total Cameras within the facility. 14 cameras are internal and 4 are external cameras. Master Control located in between the Northside (Male) housing unit and the Southside (Female) housing unit. Room door locks/unlocks either by key or through the Central Control Room, namely "Observation Booth." There's 1 Camera inside each housing unit viewable by the staff inside of the Observation Booth. Madison County Juvenile Detention Center has 1 suicide watch rooms, namely "All Purpose Room" with 1 Cameras inside. Intake has 2 cameras. The Gymnasium has 3 cameras (2 Operable). The Classroom/Breakroom has 1 Camera. The Outdoor Courtyard has 1 Camera. The Sallyport (Police Entry) has 1 Camera. Other Cameras are located throughout the facility and external.</p>		
<b>Medical</b>		
<b>Type of Medical Facility:</b>		Madison County JDC do not have a medical facility on site. Medical Services are provided through the county's contract with a private provider. Nurses visit on an as-needed basis. For care that is beyond what the nurses can provide, MCJDC youth are transported by EMS or the Sheriff's Department to the hospital or medical clinic.
<b>Forensic sexual assault medical exams are conducted at:</b>		Jackson-Madison County General Hospital

**Other**

**Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:**

2

**Number of investigators the agency currently employs to investigate allegations of sexual abuse:**

2

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

On September 24, 2020, in coordination and cooperation with the Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC), USDOJ Certified PREA Auditor DeShane Reed conducted a facility audit of the MCJCS-JDCSCSO-JDC. The audit commenced with Pre-Audit Briefing meeting (9:00am). In attendance was MCJCS-JDC's Juvenile Court Services Director (PREA Coordinator), Detention Co-Manager (PREA Compliance Manager), Detention Co-Manager (Health Services Coordinator). The PRE-Audit meeting commenced with introductions, review of the PREA audit schedule and agenda, on-site document requests, lists of inmates for interviewing and a tour of the entire Madison County Juvenile Detention Center facility.

This PREA audit commenced with a full tour of Madison County Juvenile Detention Center's intake location, Central Control Observation Booth, Intake's search and shower/changeout room, All Purpose Room (close observation room), two housing units, school program locations, gymnasium, food prep kitchen, laundry, offices, recreation, and courtyard location within MCJCS-JDC. After a complete tour and documentation, this PREA Auditor moved into selecting and interviewing a random selection of 11 MCJCS-JDC staff including: MCJCS-JDC's Program Managers, (1), PREA Coordinator (1), PREA Compliance Manager (1), Human Resources (1), Medical/Mental Health Practitioner (1), Intake/Classification (1), SCISO-JDC Security and Supervisory Staff (4), and Contracted Teaching Staff (1). This PREA Auditor also interviewed the only 2 residents housed at the facility during the onsite visit. This PREA Auditor also reviewed multiple files and physical documents while on-site, which allowed this PREA auditor to verify if MCJCS-JDC was aligning with PREA facility standards and/or confirm any barriers to compliance.

On September 25, 2020, the PREA onsite audit of Madison County Juvenile Detention Center continued with this auditor reviewing additional documents and interviewing various selections of staff. The onsite audit concluded with a Post-Audit Debriefing meeting. The same representatives from the Pre-Audit Briefing meeting were in attendance. This PREA Auditor shared that the information presented by this auditor within this Post-Audit Debriefing meeting did not depict a final reporting. This PREA Auditor continued by sharing several highlights of the MCJCS-JDC's cleanliness, its organization and structure provided to the residents and its engaged and positive attitude of its direct supervision staff. This PREA Auditor also thanked MCJCS-JDC for allowing this auditor unimpeded access to the entire facility, through tour, document access, resident access, and flexibility of interviewees. This PREA Auditor also shared any observable areas that were not meeting standards and would likely require Corrective Action.

As it pertains to PREA Physical Plant observations, the PREA Auditor observed adequate and appropriate use of the 18 cameras throughout the MCJCS-JDC. There were no observable physical plant blind spots, which were not viewable by cameras or visual observations. MCJCS-JDC provides constant staff supervision and monitoring of residents. This PREA auditor also noted that the physical plant size and set up was conducive for excellent visual

supervision by the MCJCS-JDC staff, and to deter any PREA-related incidents of sexual abuse/harassment. The showers were single person with shower curtains to protect privacy. The single-celled room across from the shower rooms on each unit (Northside and Southside Housing Units) are reserved for residents to dry off and change their clothing privately. Additionally, each housing unit's dayroom tables universally served as the meal tables, writing, and games tables. Each resident's room had its own toilet. Finally, MCJCS-JDC was able to show and share with the PREA Auditor their staffing plan (overtime-based staffing plan) and logbooks of monitoring checks on residents.

The Post-Audit Debriefing meeting concluded with this Auditor thanking the Madison County-Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) staff for their cooperation, efficiency, and coordination in allowing the audit to move along in an even flow. This PREA Auditor also informed the MCJCS-JDC staff that a PREA Interim Audit report will be submitted 45-60 days from the conclusion of the facility audit.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Madison County-Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) is a 7-resident capacity Maximum Security Detention Center. MCJCS-JDC houses male and female residents ages 12-17. According to the facility, they do not house adult residents. The physical plant consists of approximately 1 building with 1 Control Room, namely "Observation Booth," which monitors the entire facility through video and visual monitoring of youth. MCJCS-JDC has 1 male and 1 female housing unit, containing a total of 6 single occupancy rooms. MCJCS-JDC also have 1 close observation room, namely "All Purpose Room," which monitors resident on suicide watch, medical emergencies, resident being released, or residents who may be scared or afraid upon arrival. Each housing unit has 1 single-person shower, separated by cement walls and shower curtains for privacy. The additional components within the MCJCS-JDC consists of: Intake and Admission, school room, outdoor courtyard, gymnasium recreation, administrative, and sallyport entrance for law enforcement.

Madison County-Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) rely heavily on a compilation of camera assistance, direct staff supervision, as well as predictable and random unannounced rounds not exceeding 15 minutes per round. MCJCS-JDC video technology consists of recorded cameras in strategic locations throughout the facility. MCJCS-JDC relies on consistent and unpredictable staff sight and sound supervision, as well as camera. At the time of this PREA Audit, MCJCS-JDC had approximately 18 total full-time and part-time staff employed, as well as approximately 2 volunteers/contracted staff who have contact with residents within their daily roles at MCJCS-JDC.

Finally, MCJCS-JDC were in their beginning stages of developing their PREA Investigation staff to investigate non-criminal allegations of sexual abuse/harassment within the facility (administrative investigations). For criminal investigations, MCJCS-JDC PREA Investigators will continue to work with Madison County law enforcement investigation team. MCJCS-JDC's Forensic Sexual Assault Medical Exams are conducted off site at the *Jackson-Madison County General Hospital*.

## Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

Click or tap here to enter text.

**Number of Standards Met:** 43

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

PREA site audit of Madison County-Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) consisted of a 2-day comprehensive assessment (September 24, 2020, through September 25, 2020), related to PREA’s mission of prevention, detection, responding to instances of sexual abuse/sexual harassment, and the freedom from retaliation when reporting sexual abuse/harassment. The PREA Juvenile Institution Audit also consisted of assessing the 43 PREA standards. The assessment of the Madison County-Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) included an exhaustive facility tour, review of electronic and on-site documents, reviewing investigations and retaliation follow-up documentation, comprehensive interviews with residents, staff, contracted staff, volunteers, and MCJCS-JDC’s Administration.

Based on the audit findings of 43 total PREA Standards, there were 27 PREA Standards in Compliance and 16 PREA Standards which were non-compliant and requiring Corrective Action. Madison County-Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) 16 Non-Compliant PREA standards requiring Corrective Action were as follows: 115.331, 115.333, 115.334, 115.335, 115.351 115.352, 115.354, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.382 115.383, and 115.386. The identified PREA standard areas requiring Corrective Action were either non-existent, in their beginning stages of compliance and require procedural consistency over time to be considered in compliance, or the institution’s policy language did not align with the specific PREA Standard.

With technical assistance from this PREA Auditor, throughout Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) Corrective Action period, MCJCS-JDC coordinated a plan of action steps to mitigate each Non-Compliant Standard area and bring each into Compliance. MCJCS-JDC was able to successfully adjust their policies and procedures, conduct trainings, and establish a consistency of institutional practices to bring them into compliance with the 43 PREA Standards.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative



The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.311 Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their Administrative Policies and Procedures 18.8 as evidence of compliance with PREA Standard 115.311. MCJCS-JDC's Administrative Policies and Procedures 18.8 has the necessary language to align with PREA Standards.

This PREA auditor also observed and interacted with the MCJCS PREA Coordinator and MCJCS-JDC PREA Compliance Manager. This PREA Auditor interviewed the PREA Coordinator and Compliance Manager. Both shared that they were supported and were allotted enough time and authority to effectively engage in their roles.

This PREA auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.311.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

#### 115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.312. Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) submitted evidence of compliance with PREA Standard 115.312. MCJCS-JDC submitted evidence via Pre-Audit Questionnaire and reported that they contract with the Department of Child Services and 21 surrounding counties. Each MCJCS-JDC contract reviewed by this PREA auditor had appropriate language to ensure that contracting entities understand that MCJCS-JDC complies with PREA Standards.

This PREA auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.312.

## **Standard 115.313: Supervision and monitoring**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.313 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No

- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated)?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.313. Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Staffing Plan Assessment* (dated 7/23/2020, 8/14/2020, and 8/23/2020) as evidence of compliance with PREA Standard 115.313. MCJCS-JDC's *Staffing Plan Assessment* assessed their daily population, housing units, staff on shift to meet their 1:8 staff to resident ratio, and available staff for internal and external circumstances which may arise. MCJCS-JDC also submitted a random selection of staff timecard reports to demonstrate that the appropriate gender of staff is on duty to match the facility's population. MCJCS-JDC also submitted their *MCJDC Policy and Procedures 18.8* which has the necessary language to align with PREA Standard 115.313 on unannounced rounds by supervisory and higher staff.

Additionally, while on-site, this PREA auditor did observe the facility exceeding ratio with three security staff to the 2 residents housed. This auditor interviewed 4 random security, PREA Compliance Manager, and PREA Coordinator who all shared that 1:8 and 1:16 ratio is kept which meets PREA and other contractual standards. Documentation was viewed regarding the staffing plan and logbooks for unannounced rounds by supervisory staff.

This PREA auditor concludes this MCJDCS-JDC is in compliance with PREA standard 115.313.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.315. Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Court-JDC LGBTQI + Youth Procedure (Revised 2011, 2014, 2017, 2019, 2020)* as evidence of compliance with PREA Standard 115.315. An excerpt from the documentation stated, "LGBTQI+ Youth may need close supervision for their own protection. These youth may be targeted by others. As long as the youth is not causing a threat to safety or security and the youth is not in danger of being harmed or harassed, it is permissible to place with general population. LGBTQI+ Youth will not be segregated unless we suspect harm may come to that resident or if the youth poses any risk to safety and security. If the youth specifically requests to be separated from the general population, his/her request will be honored as long as space is available. If space is not available, contact the supervisor or Court Services Director.

**Cross Gender Viewing and Searching:**

*Ordinarily, male staff will search youth who are biologically male, and female staff will search youth who are biologically female. However, if, during an intake, staff members become aware that a youth is transgender, transitioning, etc., the staff member will ask the youth if they prefer to be searched by male or female staff. The youth's wishes will be documented and witnessed on the Cross-Gender Search Consent Form. The interaction will be documented in Quest as well.*

MCJCS-JDC also submitted their Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) *Detention Search Procedures* which are the guideline of searching all youth entering at intake, resident housed within the facility, and random searches of facility to ensure safety. This auditor also received and reviewed MCJCS-JDC's *Transgender Search Consent Form, Employee Special Residents Policy (Viewing and Searches), and Camera Locations*, and while on site this auditor asked the 2 interviewed residents about shower procedures. Interviewed residents shared that they can shower, perform bodily functions, and get dressed without being viewed by staff. Both residents also explained that one person showers at a time in a single shower stall. Their privacy is protected by a wall and shower curtains, and they get dressed in a private room directly across from the shower stall. Resident stated that they felt safe and able to communicate openly with staff.

Additionally, while on-site this PREA auditor interviewed 11 staff at various working in various capacities within the facility. Each staff verified that they only search residents of the same gender, unless a transgender request differently.

This PREA auditor concludes this MCJCS-JDC is in compliance with PREA standard 115.315.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,



and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No



- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  
 Yes  No

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.316. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.316. An excerpt from the documentation stated, "Appropriate provisions will be made as necessary for children/youth who are limited English proficient, have disabilities (including those who are deaf or have difficulty hearing, those who are blind or have low vision), and those with intellectual, psychiatric, or speech disabilities. If a resident has low intellectual abilities and cannot interpret the PREA standards or documents, a MCJDC staff member will interpret the documents for him/her. MCJDC will not rely on resident interpreters except in urgent circumstances where safety may be compromised."

MCJCS-JDC also submitted verification of an external account with *Lingual Link Interpreting Services (1 877 626-0684)* Translation Services, which is used as the primary translation service for LEP residents. Additionally, this PREA auditor interviewed 4 random staff members and the 2 residents, who knew that MCJCS-JDC has a language hotline for interpretation services (if needed). The staff and residents interviewed also shared that the use of other residents to translate is never used.

This PREA auditor concludes this MCJCS-JDC is in compliance with PREA standard 115.316.

### Standard 115.317: Hiring and promotion decisions

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior

institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.317. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Personnel Policy (revised annually from 2001-2019)* as evidence of compliance with PREA Standard 115.317. An excerpt from the documentation states, *"In compliance with PREA, the Madison County Juvenile Detention Center will not hire as an employee any person who:*

- *Has engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or any other similar institution*
- *Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion*
- *Has been civilly or administratively adjudicated to have engaged in the activity described above*

*The Detention Center will also not enter into any contract for services with an entity who engages the services of anyone who meets these criteria."*

MCJCS-JDC also submitted their *Madison County Juvenile Court Services PREA Policy*, which is given to prospective employees during the pre-employment phase of hire. The document states, *"The Madison County Juvenile Detention Center, a division of Madison County Juvenile Court Services, is committed to a Zero-Tolerance standard for all forms of sexual abuse/assault/misconduct or rape within the Madison County Juvenile Detention Center through implementation of the **Prison Rape Elimination Act ( PREA)**. As an employee or contractor of Madison County Juvenile Court Services, I understand that sexual activity between juveniles and staff members of Madison County Juvenile Detention Center, regardless of consensual status, is prohibited and subject to administrative and criminal sanctions. This policy is effective from the first day of employment with Madison County Juvenile Court Services.*

*Madison County Juvenile Court Services performs the following background checks at the initial hiring of an employee and at least every five years for the duration of their employment. Contractors will be subject to the same requirement.*

- A. Sexual Offender Registry*
- B. Child and Elderly Abuse Registry*
- C. Felony Registry*
- D. Meth Registry*
- E. Fingerprint criminal records check*
- F. NCIC and criminal records check through local law enforcement entities, which may include but is not limited to the Madison County Sheriff's Department and the Jackson Police Department*

*Madison County Juvenile Court Services reserves the right to consider any incidents of sexual harassment in the hiring or promoting of an employee or the enlistment of services of any contractor.*

*Any material omissions of information related to issues of misconduct, or providing any materially false information, will be grounds for the withdrawal of any employment offer or termination if already employed.*

*Madison County Juvenile Court Services has my permission to contact all prior institutional employers for information on any substantiated allegations of sexual abuse or any resignation during pending investigation of alleged sexual abuse.”*

*Finally, MCJCS-JDC submitted the HR Personnel File Checklist, which identifies the criteria for hire and promotions therein. This auditor also interviewed MCJCS-JDC’s HR Manager, who was able to show evidence of hiring reports ran, background check completed on random hires, and completed checklist/PREA policy review employee signatures.*

This PREA auditor concludes this MCJCS-JDC is in compliance with PREA standard 115.317.

## **Standard 115.318: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.318 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

#### **115.318 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.318. Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) reported that they have not acquired a new facility, made any facility upgrades or expansions to the facility since August 20, 2012. This auditor also interviewed MCJCS's Director, who verified the same information.

This PREA auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.318.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes    No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes    No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS’ Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.321. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.321. An excerpt from the documentation states, “*Children/Youth who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:*

- a) MCJDC staff, as applicable, provides emotional support to child/youth with the forensic medical exam process and investigation interviews.*
- b) The development of a safety action plan that includes a review/adjustment, if necessary, isolation bed, program, education to keep child/youth safe and free from sexual abuse.*
- c) An assessment by a mental health professional.*
- d) Mental health counseling as needed.*
- e) Follow-up services and referrals, as applicable, for continued care following transfer to, or placement in other facilities, or release from custody.*

*No child/youth victim will be denied access to treatment resources and/or services for failing to fully disclose details to internal investigators, outside law enforcement investigators, and/or medical/mental health staff.”*

MCJCS’s Director/PREA Coordinator also submitted a memo stating, “*Victims of sexual assault in the Juvenile Detention Center are referred to Jackson Madison County General Hospital for care. On this date, I spoke to Alicia Duck, Assistant Director of Emergency Services for West Tennessee Healthcare. The SANE nurses work out of the emergency room. She stated that neither the patient nor their insurance is billed for these services. The charges are paid by a crime victims’ fund administered out of Nashville.* This was verified with West Tennessee Health while present for onsite audit. MCJCS-JDC also submitted their *Memorandum of Understanding with WRAP (WO/Men’s Resources and Rape Assistance Program)* who provides victim advocate service for victims of sexual abuse/rape.

Finally, this PREA Auditor interviewed 11 MCJCS-JDC staff. Each was able to share that WRAP is the external used to provide victim advocacy to resident who are victims of sexual abuse/rape. The two youth this auditor interviewed further explained that that they could call the WRAP hotline to report an incident of sexual abuse at the facility.

This PREA auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.321.



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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed electronic documentation which accompanied MCJCS’ Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.322. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.322. An excerpt from the documentation states, “MCJDC will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse, assault, misconduct, and/or harassment. A report of child abuse by the alleged perpetrator may be classified as “indicated” if there is preponderance of evidence, in light of the entire record, which indicates the individual committed physical, severe or child sexual abuse, as defined TCA §§ 37-1-102 or 37-1-602. **PREA Standard 115.322.**” This Policy 18.8 further states, “After an incident is reported to Child Abuse Hotline:

a) **Special Investigations designated staff IMMEDIATELY notifies:**

- ◆ Detention Supervisor
- ◆ Director of Juvenile Court Services
- ◆ DCS (If child is in their custody)
- ◆ Contract county official that placed child
- ◆ Local Sheriff’s Department
- ◆ Youth’s Family Service Worker

b) **Family Service Worker IMMEDIATELY notifies:**

- ◆ Parents/Guardians”

This PREA Auditor interviewed 4 Security Staff, PREA Compliance Manager, and Health Services Coordinator. Each knew the protocol for coordinated response for investigations and notifications if an incident of sexual abuse occurred.

This PREA auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.322.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?  Yes  No

### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.331. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.331.

After reviewing the submitted corresponding excerpt from *Madison County Juvenile Detention Center-Administrative Policies and Procedures 18.8* and the training Power Point (PPT) submitted by the JDC, there were important areas of the training missing and would not be considered compliant with PREA Standard 115.331. Additionally, MCJCS-JDC submitted their annual refresher training for staff, volunteers, and contractors. However, the same information not captured in the initial comprehensive training PPT was not captured in the annual refresher checklist training. Finally, when this auditor interviewed the 11 staff members, there was more than half who could respond to juvenile assessment and coordinated responses protocols in various sexual harassment/abuse scenarios presented during interviews.

This auditor recommended that MCJCS-JDC align their staff comprehensive trainings with PREA Standard 115.331. The facility has the right language in their *Policy 18.8*, however PREA Standard 115.331 sections A-L was not represented in the

trainings. This was then being translated into staff lack of knowledge and inconsistencies in aligned protocols. This auditor also recommended that staff are retrained to ensure each staff are receiving the same information/knowledge and demonstrate a consistency in practice over an identified period.

This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.331. A CORRECTIVE ACTION was required.

During Madison County Juvenile Detention Center's (MCJDC's) Corrective Action period, MCJDC submitted verification of adjustments made to the *Staff Training*, as well as *Volunteer/Contractor Training*. MCJDC submitted evidence of their new/updated curriculum, as well as MCJCS-JDC Detention staff member's acknowledgement signatures of receiving their PREA Retraining. MCJCS-JDC's PREA Coordinator also sent evidence of mock scenario-based simulations for staff to remain refreshed in their roles as first responders, coordinated responses, incident report documentation and investigations.

After this auditor's review of MCJDC's adjustments to their staff training information, documentation of training, mock scenario-based refresher trainings, and consistency in practice to align with PREA Standard 115.331, MCJDC is in compliance with PREA Standard 115.331.

## Standard 115.332: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.332. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.332. An excerpt from the documentation states, "All MCJDC staff and persons listed below will receive **training in compliance with PREA Standards:**

- a) All MCJDC employees will receive training during orientation or in-service and through annual refresher training thereafter.
- b) All MCJDC employees and volunteers that have direct contact with children/youth will receive training during orientation and annual refresher training thereafter.

*Medical and mental health care practitioners will also receive the training mandated for employees under **PREA Standards § 115.331** and volunteers under **PREA Standards § 115.332**."*

In reviewing the two training Power Points (PPT) submitted by the JDC, there was enough information to align with PREA Standard 115.332. MCJCS-JDC also submitted electronic copies of sign-off sheets of volunteers attending PREA training. This auditor also interviewed two volunteers, who knew their responsibilities as first to receive a report of sex assault/harassment. Additionally, MCJCS-JDC submitted their annual refresher training for staff, volunteers, and contractors.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.332.

## Standard 115.333: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  Yes  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.333. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.333. While onsite, this auditor also reviewed MCJCS-JDC's resident PREA orientation process, this auditor reviewed the intake procedures with the intake staff. Upon intake, the intake staff utilizes the *PREA Orientation Form* located in their *QUEST Database*. The intake staff utilized this form to educate the resident on PREA's no-tolerance policy and the resident's right to be free from sexual abuse/harassment, their ways to report, and allows the resident to sign off as verification.

Additionally, when interviewing the 4-security staff and supervisory staff, this auditor found consistencies that MCJCS-JDC's PREA Orientation during intake is a consistent facility practice. This auditor also found that MCJCS-JDC's *Comprehensive Resident Education* practices are not occurring. This also was demonstrated when this auditor interviewed the 2 residents housed at the facility on the onsite audit days. Both residents verified that PREA orientation at intake is the only PREA education received at the facility throughout their stay.

This auditor recommended that MCJCS-JDC provide each resident a physical PREA-related pamphlet to have at their disposal to serve as a reminder of their rights and reporting avenues. Additionally, this auditor recommended that MCJCS-JDC develop a comprehensive resident education, where resident can receive in-depth PREA Education and ask questions for clarification (i.e. Youth-focused PREA education video or in-person PREA education group). This practice of residents receiving *Comprehensive Resident Education* needed consistency over a 3–6-month period, to be considered a natural part of MCJCS-JDC's procedures. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.333. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJDC submitted verification of adjustments made to the *Resident Orientation*. Each resident entering MCJCS-JDC are receiving verbal orientation, as well as receiving a *Youth Guide PREA Pamphlet* to take with them to have during their stay. Additionally, evidence of *Comprehensive Resident Education* has been submitted. MCJCS-JDC's *QUEST Database* shows that there is a consistency in practice of residents receiving PREA orientation upon admission and PREA education during their stay.

After this auditor's review of MCJDC's adjustments to their *Resident Orientation* and their *Comprehensive Resident Education* information, practice, as well their accuracy in documentation (QUEST database), this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.333.

## Standard 115.334: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report



### 115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.334. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.334. After reviewing the submitted corresponding excerpt from *Madison County Juvenile Detention Center-Administrative Policies and Procedures 18.8*, this auditor concluded that the language in the policy did not align with PREA Standard 115.334.

Through interviews, this auditor identified that all investigations are referred to law enforcement then a determination is made as to whether the incident was criminal. When asked who is responsible for administrative investigations, MCJCS-JDC did not have any staff identified specialized trained at the time of this onsite audit. This auditor also verified through random staff interviews that MCJCS-JDC had no PREA Investigators identified to complete administrative investigations.

This auditor recommended that MCJCS-JDC identify staff to be specialized trained to be facility PREA Investigators. This auditor also recommended that a *PREA Investigation* policy is established which entails a coordinated response with MCJCS identified PREA Investigators (administrative investigations) and local Law enforcement (criminal investigations). Additionally, PREA investigation should be consistent in practice over an identified period.

This PREA auditor concluded MCJCS-JDC was not in compliance with PREA standard 115.334. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* to include specialized training for PREA Investigators for administrative investigations. Additionally, specialized training certificates of completion were submitted as evidence of two identified staff receiving specialized training. Finally, MCJCS-JDC submitted evidence of mock scenario-based simulations for staff to remain refreshed in their roles as first responders, coordinated responses, incident report documentation and investigations.

After this auditor's review of MCJDC's adjustments to their policy, specialized investigations training evidence, and mock scenario-based refresher trainings, this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.334.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.335. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.335.

Though the specialized trainings for medical and mental health contracted staff aligned with PREA Standard 115.335, the policy's language did not align with PREA Standard 115.335.

This auditor also interviewed MCJCS-JDC's contracted mental health agency's (Youth Villages) lead practitioner. During the interview, the agency's lead shared with this auditor that all their practitioners receive uniformed *PREA Training* through the Department of Child Services (DCS). They also receive a *PREA Quiz* and completes an *Employee Acknowledgement Form*. This auditor also verified the files of the contracted mental health staff and found corresponding documents. MCJCS-JDC residents receive medical attention through their contract with QCHC Web (Primary contract is with Madison County Jail). The medical contracted staff receives the same training as the MCJCS-JDC Staff, Volunteers and Contractors. The lead jail nurse manages all medical-related services for MCJCS-JDC.

This auditor recommended that MCJCS-JDC adjust their policy language to align with PREA Standard 115.335. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.335. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* to include specialized training for Medical and Mental Health staff and contracted staff. Finally, MCJCS-JDC submitted evidence of mock scenario-based simulations for staff to remain refreshed in their roles as first responders, coordinated responses by medical and mental health staff, and incident report documentation.

After this auditor's review of MCJDC's adjustments to their policy, specialized medical and mental health training evidence, and mock scenario-based refresher trainings, this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.335.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.341 (a)**

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

#### **115.341 (b)**

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### **115.341 (c)**

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.341. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.341. An excerpt from the documentation states, "*During the intake process, DCS form CS-0946 Assessment, Checklist and Protocol for Behavior and Risk for Victimization will be administered to all children/youth within seventy-two (72) hours of admission the facility. The "At-Risk Protocol" section of form CS-0946 will be initiated and completed on children/youth that are identified as vulnerable for at-risk sexual victimization or identified as having the potential to victimize/perpetrate, especially in regards to sexual aggressive behavior.*

*Designated staff will develop appropriate treatment interventions that include further assessments or screenings by a mental health professional for identified children/youth prior to assigning the child/youth to a program, education, work, housing unit, or bed to decrease the risk of sexual victimization/perpetration.*

*If further screening or assessments indicates that a child/youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, designated staff will ensure that the child/youth is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.*

*If the victimization occurred while the child/youth was confined at another facility/agency, MCJDC will promptly, but no later than 72 hours, notify the head of the facility/agency where the alleged abuse occurred and will report the abuse incident directly to **DCS Child Abuse Hotline at 1-877 237-0004.***

*If the screening indicates that a child/youth has previously perpetrated sexual abuse/assault/misconduct/harassment, whether it occurred in an institutional setting or in the community, designated staff will ensure that the child/youth is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening."*

This auditor interviewed MCJCS-JDC's intake staff regarding their screening process. This intake staff demonstrated to this auditor how they capture all the assessment/screening information for risk in their QUEST database system, when residents are processed in intake. This auditor also reviewed the objective screening tool, which had questions which aligned with 115.341. Additionally, this auditor interviewed security staff and residents at the facility. Each resident shared that they

were asked these screening questions. The interviewed staff was asked the same questions and were consistent in their responses. Finally, MCJCS-JDC submitted random example completed assessments from previous intakes. Each risk screening was completed upon arrival at the facility.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.341.

## Standard 115.342: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No

- Do residents also have access to other programs and work opportunities to the extent possible?  
 Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  
 Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  
 Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
 Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No



### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.342. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Booking Policy and Procedures* with PREA Standard 115.342. An excerpt from the documentation states, *"Each Youth booked into MCJDC WILL BE ASSESSED for possible risk of victimization by using the CS-0946 Assessment Checklist and Protocol for Behavior and Risk of Victimization tool within 72 hours of arriving to the MCJDC. This instrument was designed by DCS for facilities to better assess a youth who may be vulnerable for victimization of sexual abuse. This form asks the youth/resident questions that whelp the facility to better understand the youth and the level of vulnerability. The form will be read and explained thoroughly to each child. The staff member may have to go into detail to explain the questions from the checklist. If the youth does not understand the question, it will be rephrased with options and the youth will be asked to choose one option. For example: "Have you ever been a victim of sexual assault or abuse?" can be rephrased as "Have you ever been touch sexually without giving permission?" Upon completion of the checklist the staff member will determine and document whether or not the youth is vulnerable to abuse. If a youth is determined to be vulnerable the staff member shall complete the At-Risk Protocol section. The Detention Supervisor and Director will be notified and review the assessment tool finding.*

*The MCJDC staff will take appropriate measures to ensure the safety of that youth.*

- *The youth will be monitored closely, especially if placed in the general population*
- *All conversations involving or about that youth will be closely monitored and documented*
- *The youth will be offered extra counseling on sexual assault and ways to report*
- *Staff will take any other steps that may be helpful to ensure the safety of the youth*

*If a resident is determined to be at risk of sexual victimization, isolation may be used only as a last resort to keep the resident safe if no less restrictive option is possible. Isolation may only be used until an alternative solution is reached."*

This auditor interviewed MCJCS-JDC's intake staff and asked how the risk assessment/screening tool is used to determine housing, programming, showering, education, etc. The intake staff demonstrated to this auditor the "notes" section within their QUEST database system, which flags when residents score "at-risk."

Additionally, this auditor interviewed security staff and residents at the facility. Each resident shared that they were asked risk screening questions (aligned with 115.341), then asked if they felt safe. The interviewed staff were shared that youth who are considered vulnerable are housed closer to the "Observation Booth" (Control Room). If absolutely no other options, vulnerable residents sleep in the "All Purpose" room (observation single-celled room). All interviewed staff were consistent in their responses.

Finally, MCJCS-JDC submitted their LGBTQI+ Youth Policy which states, *"LGBTQI+ Youth may need close supervision for their own protection. These youth may be targeted by others. As long as the youth is not causing a threat to safety or security and the youth is not in danger of being harmed or harassed, it is permissible to place with general population. LGBTQI+ Youth will not be segregated unless we suspect harm may come to that resident or if the youth poses any risk to safety and security.*

*If the youth specifically requests to be separated from the general population, his/her request will be honored as long as space is available. If space is not available, contact the supervisor or Court Services Director."*

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.342.

## REPORTING

### Standard 115.351: Resident reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.351. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.351.

This auditor also interviewed MCJCS-JDC's security staff, supervisory staff, and the 2 residents housed at the facility during the onsite audit days. Both the staff and the resident were consistent in identifying only two-ways to report sexual assault or sexual harassment. There was a consensus that staff and resident knew that they could report to staff or put it in writing. Additionally, there was no mention of a resident's ability to notify a parent, attorney, guardian ad litem, or call to DCS Hotline. Finally, there was only one grievance box within the facility, which was in the intake room. This area was not freely accessible to residents.

This auditor recommended that MCJCS-JDC develop a comprehensive resident education process and practice, to ensure that resident and staff are aware of other access points to report a sexual assault/harassment. Furthermore, this auditor recommends giving resident a PREA Education pamphlet during intake orientation, to help increase the resident's knowledge of PREA and their rights and available reporting avenues. This auditor also recommends that MCJCS-JDC add an additional grievance box in an accessible area for all resident to utilize. This will align with their *Policy 18.8*.

This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.351. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJDC submitted verification of adjustments made to the *Resident Orientation*. Each resident entering MCJCS-JDC are receiving verbal orientation, as well as receiving a *Youth Guide PREA Pamphlet* to take with them to have during their stay. Additionally, evidence of *Comprehensive Resident Education* has been submitted. MCJCS-JDC's *QUEST Database* shows that there is a consistency in practice of residents receiving PREA orientation upon admission and PREA education throughout their stay. Finally, MCJCS-JDC submitted photos of a second grievance box installed in the classroom. They have also added a PREA Phone line for residents to have access to report a PREA-Related incidents.

After this auditor's review of MCJDC's adjustments to their *Resident Orientation* and their *Comprehensive Resident Education* information, practice, as well their accuracy in documentation (QUEST database), this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.351.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes  No  NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor attempted to review electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire however, MCJCS did not submit any documentation regarding exhaustion of administrative remedies in their questionnaire. This auditor also looked through *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* and did not identify any policy language related to PREA Standard 115.352.

While on site, this auditor interviewed residents and staff regarding their administrative remedy process (grievance). Each resident knew their grievance rights and both residents and staff knew the grievance procedures. However, this PREA auditor observed the only grievance box in the entire facility, which was located in the intake room. The grievance box location did not provide immediate, and confidential access.

This auditor recommended that MCJCS-JDC develop a policy which aligns with PREA Standard 115.352, as well as provide training to staff on how administrative remedies apply to PREA Standards. Additionally, MCJCS-JDC was recommended to provide in their resident PREA education, how grievances are an additional point to report sexual abuse. Additionally, this practice should be consistent in practice over an identified period.

This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.352. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* to include exhaustive of administrative remedies and align with PREA Standard 115.352. MCJCS-JDC also submitted evidence (training signature pages) of staff retraining on the purpose of administrative remedies (grievances), resident access, and only an identified staff to access and



respond to grievances. MCJCS-JDC submitted photos of a second grievance box installed in the classroom, to provide a location for all resident to have access.

After this auditor's review of MCJDC's adjustments to their policy, training evidence, and submitted photos of a second grievance box installed in the classroom, this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.352.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.353 (b)**

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### **115.353 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### **115.353 (d)**

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No



## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.353. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Memorandum of Understanding with Wo/Men's Resource and Rape Assistance Program (WRAP)*, who provides outside confidential access for victim advocacy and emotional support. This auditor also had an opportunity to speak with a WRAP representative, who shared their mission, services, and how their services align with MCJCS-JDC's needs for outside access to confidential victim advocacy and support. Additionally, this auditor reviewed *MCJCS-JDC's Juveniles' Rights While Detained*, which states,

*\*Juveniles have the right to reasonable access to the court.*

*\*Juveniles have the right to reasonable access to counsel. Staff will assist juveniles in making confidential contact with attorneys. Such contact includes, but is not limited to, telephone communications, uncensored correspondence, and in-person visits.*

*\*Juveniles have the right to be free from discrimination based on race, religion, national origin, sex, or special needs.*

*\*Juveniles have the right to equal access to programs and services regardless of gender.*

*\*Juveniles will be protected from abuse of any kind, including sexual abuse, harassment and sexual assault, as indicated in our PREA policies. Juveniles will be protected from corporal punishment, personal injury, disease, and harassment to the fullest extent possible.*

This PREA Auditor also interviewed the 2 residents house during the onsite audit. Both residents could identify their rights to access to parents, guardians, confidential access to attorneys, and external support services available. However, the residents could not recall if any outside confidential services were made available to them. This auditor also interviewed their security staff, support staff, and administrative staff. All knew the relationship MCJCS-JDC has with WRAP. Some staff knew the name specifically, while other knew their services and purpose. Finally, this auditor reviewed *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* which stated, "Allegations may be reported to **WRAP WO/Men's Resource Assistance Program** who will act as an outside agency in reporting sexual abuse in accordance with **Policy 18.8 standard 115.353**. In the event WRAP is not immediately available as an outside agency MCJCS-JDC will immediately contact the **Mobile Crisis Unit** to assist.

This PREA auditor concludes that MCJCS-JDC is in compliance with PREA standard 115.353.

## Standard 115.354: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.354. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their, *MCJCS-JDC Third Party Reporting Mechanisms Protocol*, which states, "*The Madison County Detention Center houses youth ages twelve to seventeen who are being held by the courts in relation to juvenile delinquency charges. Under Tennessee law, any person who becomes aware of or suspects any type of child abuse or neglect must report such to the Tennessee Department of Children's Services. This may be done confidentially via phone or online. The reporting phone number is 1-877-237-0004. The link for online reporting is <https://reportabuse.state.tn.us/home.aspx> .*

*Any party who suspects or believes that a youth is being abused or neglected while in the care of the Madison County Juvenile Detention Center should report such information to the Department of Children's Services in the manner outlined above. Reports may also be made in writing, by phone or by email directly to the Juvenile Court or via any of the staff contacts below...."*

This PREA Auditor also interviewed the 2 residents house during the onsite audit. Both residents did identify their rights to inform a third-party (guardian, attorney, parent, peer, or advocate) or sexual assault/harassment and that person can report on the resident's behalf. This auditor also interviewed MCJCS-JDC's security staff, support staff, and administration staff. All knew that the third-party reporting rights and access for residents. Each also knew their duties in relationship to reports of sexual assault/harassment shared by a third-party (parent, guardian, attorney, advocate, peer).

Finally, this auditor reviewed *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8*. This auditor did not find any language in the PREA-related policy to align with PREA Standard 115.354. Though most components seemed to be in place, this auditor cannot deem this standard compliant when zero language in *MCJCS-JCS's Policy 18.8* (PREA-Related Policy) pertains to PREA Standard 115.354. This auditor recommended that MCJCS-JDC add language within their *MCJCS-JDC Third Party Reporting Mechanisms Protocol* to their *Madison County Juvenile Detention Center's-Administrative Policies and Procedures 18.8*, to align with PREA Standard 115.354.

This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.354. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8 (Section C)* to include Third-party reporting which aligns with PREA Standard 115.354. After this auditor's review of MCJCS-JDC's adjustments to their policy, this auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.354.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.361. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.361. An excerpt from the policy states,

1. **Duty to Report – Tennessee Code Annotated 37-1-403 and 37-1-605** Pursuant to TCA 37-1-403 and 37-1-605, Standard 115.361 any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted or sexually harassed has the duty to report such abuse.
  2. All allegations of sexual abuse must be reported to the **DCS Child Abuse Hotline 1-877-237-0004**.
  3. Failure to comply with "duty to report" requirements will result in disciplinary action up to and including termination and/or criminal charges. Refer to Madison County policy [Employee Disciplinary Actions and Mediation Process](#).
  4. All MCJDC staff will report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Refer to Madison County Handbook for guidelines and procedures on workplace harassment or retaliation.....
13. After an incident is reported to Child Abuse Hotline:
- a) Special Investigations designated staff **IMMEDIATELY** notifies:
    - ◆ Detention Supervisor
    - ◆ Director of Juvenile Court Services
    - ◆ DCS (If child is in their custody)

*Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* aligns with PREA Standard 115.361. This auditor also interviewed MCJCS-JDC's mental health and medical contracted practitioner, who shared that they are trained to carry out MCJCS-JDC's PREA reporting protocols and follows the state child abuse reporting guidelines. They were able to share their coordinated response in case there was such an allegation. This auditor also interviewed MCJCS-JDC's Detention Managers, who both shared their reporting procedures if/when a resident alleges sexual assault/harassment. The two interviewed residents stated that they feel safe at MCJCS-JDC and feel comfortable notifying any staff of any sexual abuse or harassment.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.361.

## Standard 115.362: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.362. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center’s- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.362. An excerpt from the policy states,

5. **Duty to Report – Tennessee Code Annotated 37-1-403 and 37-1-605** Pursuant to TCA 37-1-403 and 37-1-605, Standard **115.361** any person who has knowledge of or is called upon to render aid to any child/youth who is being sexually abused, sexually assaulted or sexually harassed has the duty to report such abuse.
  6. **All allegations of sexual abuse must be reported to the DCS Child Abuse Hotline 1-877-237-0004.**
  7. Failure to comply with “duty to report” requirements will result in disciplinary action up to and including termination and/or criminal charges. Refer to Madison County policy [Employee Disciplinary Actions and Mediation Process](#).
  8. All MCJDC staff will report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Refer to Madison County Handbook for guidelines and procedures on workplace harassment or retaliation.....
14. After an incident is reported to Child Abuse Hotline:
- b) Special Investigations designated staff **IMMEDIATELY** notifies:
    - ◆ Detention Supervisor
    - ◆ Director of Juvenile Court Services
    - ◆ DCS (If child is in their custody)

*Madison County Juvenile Detention Center’s- Administrative Policies and Procedures 18.8* aligns with PREA Standard 115.362. This auditor also interviewed MCJCS-JDC’s mental health and medical contracted practitioner, who shared that they are trained to carry out MCJCS-JDC’s PREA reporting protocols and follows the state child abuse reporting guidelines. They were able to share their coordinated response in case there was such an allegation. This auditor also interviewed MCJCS-JDC’s security and supervisory staff, who all shared their procedures if/when a resident is deemed to be at imminent risk of sexual assault/harassment. Their protocols included: placing resident’s sleeping room close to the Observation Booth, moving resident to the “\_All-Purpose Room,” and close observation and proximity to supervising staff. The two interviewed residents stated that they feel safe at MCJCS-JDC and feel comfortable notifying any staff of any sexual abuse or harassment.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.362.

## Standard 115.363: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.363. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA



Standard 115.363. An excerpt from the policy states, “If the victimization occurred while the child/youth was confined at another facility/agency, MCJDC will promptly, but no later than 72 hours, notify the head of the facility/agency where the alleged abuse occurred and will report the abuse incident directly to **DCS Child Abuse Hotline at 1-877 237-0004.**”

Madison County Juvenile Detention Center’s- Administrative Policies and Procedures 18.8 aligns with PREA Standard 115.363. This auditor also interviewed MCJCS-JDC’s PREA Coordinator, PREA Compliance Manager, and Facility Detention Manager, who shared that the Detention Manager indeed report any ongoing investigations or victimizations which occurred at their facility. These interviewees also were congruent in their reporting protocols and timelines during each of their private interview with this auditor. Finally, there were no files to review where reporting to another agency was employed (and vice versa).

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.363.

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.364. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.364. An excerpt from the policy states,

1. *In response to an allegation of sexual abuse, the MCJDC will develop a written plan to coordinate actions taken among staff first responders, medical and mental health practitioners, investigators, and MCJDC leadership.*
2. *Upon receiving notice of an incident of sexual abuse by a child/youth, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will ensure the child/youth is safe and kept separated from the perpetrator, immediately notify their Supervisor, and:*
  - a) *Ensure child/youth does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until after all physical evidence is obtained in connection with the violation; and*
  - b) *Secure the incident area and treat it as a crime scene.*
3. *Refer to [Protocol-First Responder Guidelines for Sexual Assault](#) for guidelines on responding to sexual assaults.*
4. *For those sexual abuse incidents alleged to have occurred within seventy-two (72) hours, the MCJDC/ County nurse /designee will advise to take the child/youth to the local hospital emergency room for examination, collection and preservation of evidence, and treatment.*
5. *If the child/youth refuses medical treatment, document on form CS-0991 **PREA Refusal of Medical Treatment** that medical treatment was offered to the child/youth and if the offer for medical treatment was:*
  - a) *Refused by the child/youth, or*
  - b) *Accepted by the child/youth but refused to be examined after arriving at a medical facility.*
6. *If the alleged sexual abuse incident occurred beyond seventy-two (72) hours, the county or DCS nurse personnel or appropriate will seek the advice of a hospital regarding a forensic exam.*
7. *Children/Youth who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:*
  - c) *MCJDC staff, as applicable, provides emotional support to child/youth with the forensic medical exam process and investigation interviews.*
  - d) *The development of a safety action plan that includes a review/adjustment, if necessary, isolation bed, program, education to keep child/youth safe and free from sexual abuse.*
  - e) *An assessment by a mental health professional.*
  - f) *Mental health counseling as needed.*

g) *Follow-up services and referrals, as applicable, for continued care following transfer to, or placement in other facilities, or release from custody.*

8. *No child/youth victim will be denied access to treatment resources and/or services for failing to fully disclose details to internal investigators, outside law enforcement investigators, and/or medical/mental health staff.*

*Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* language aligns with PREA Standard 115.364. This auditor also interviewed MCJCS-JDC's 11 security, mental health, medical, and contractor, who all knew their first responder responsibilities within their given role. Each could explain to this auditor their response steps if they were informed or observed sexual assault/harassment. This auditor also reviewed MCJCS-JDC's training power point. Though other areas were needed more comprehensive development, the section on "First Responders" and the duties which accompany were aligned. This auditor also reviewed random staff training files while onsite. Each random file selected had up-to-date staff training or refresher training received documented. The two interviewed residents stated that they felt safe at MCJCS-JDC and felt comfortable notifying any staff of any sexual abuse or harassment.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.364.

## Standard 115.365: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.365. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.365. An excerpt from the policy states,

1. *In response to an allegation of sexual abuse, the MCJDC will develop a written plan to coordinate actions taken among staff first responders, medical and mental health practitioners, investigators, and MCJDC leadership.*
2. *Upon receiving notice of an incident of sexual abuse by a child/youth, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will ensure the child/youth is safe and kept separated from the perpetrator, immediately notify their Supervisor, and:*
  - a) *Ensure child/youth does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until after all physical evidence is obtained in connection with the violation; and*
  - b) *Secure the incident area and treat it as a crime scene.*
3. *Refer to [Protocol-First Responder Guidelines for Sexual Assault](#) for guidelines on responding to sexual assaults.*
4. *For those sexual abuse incidents alleged to have occurred within seventy-two (72) hours, the MCJDC/ County nurse /designee will advise to take the child/youth to the local hospital emergency room for examination, collection and preservation of evidence, and treatment.*
5. *If the child/youth refuses medical treatment, document on form CS-0991 **PREA Refusal of Medical Treatment** that medical treatment was offered to the child/youth and if the offer for medical treatment was:*
  - c) *Refused by the child/youth, or*
  - d) *Accepted by the child/youth but refused to be examined after arriving at a medical facility.*
9. *If the alleged sexual abuse incident occurred beyond seventy-two (72) hours, the county or DCS nurse personnel or appropriate will seek the advice of a hospital regarding a forensic exam.*
10. *Children/Youth who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:*
  - e) *MCJDC staff, as applicable, provides emotional support to child/youth with the forensic medical exam process and investigation interviews.*
  - f) *The development of a safety action plan that includes a review/adjustment, if necessary, isolation bed, program, education to keep child/youth safe and free from sexual abuse.*
  - g) *An assessment by a mental health professional.*
  - h) *Mental health counseling as needed.*
  - i) *Follow-up services and referrals, as applicable, for continued care following transfer to, or placement in other facilities, or release from custody.*
11. *No child/youth victim will be denied access to treatment resources and/or services for failing to fully disclose details to internal investigators, outside law enforcement investigators, and/or medical/mental health staff.*

*Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8 language aligns with PREA Standard 115.365. This auditor also interviewed MCJCS-JDC's 11 security, mental health, medical, and contractor, who all knew their first responder and coordinated response responsibilities within their given role. Each could explain to this auditor their response steps if they were informed or observed sexual assault/harassment. This auditor also reviewed MCJCS-JDC's training power point. Though other areas were needed more comprehensive development, the section on "First Responders" and "Coordinated Response" duties were aligned. This auditor also reviewed random staff training files while onsite. Each random file selected had up-to-date staff training or refresher training received documented.*

*This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.365.*

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor attempted to review electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire however, MCJCS-JDC did not submit any documentation or evidence regarding PREA Standard 115.366. This auditor also looked through *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* and did not identify any policy language related to PREA Standard 115.366.

While on site, this auditor interviewed MCJCS Director/PREA Coordinator. She explained that all of their contracts align with PREA Standard 115.366. This auditor will need to see evidence that MCJCS-JDC has language in their PREA policies (18.8) which aligns with PREA Standard 115.366. This auditor will also need to see language in current contracts, with other counties/entities, utilizing their facility to house youth. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.366. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJDC submitted copies of contracts with other counties that place children in MCJCS-JDC's facility and a copy of the contract with the one facility where we MCJCS-JDC places children. After this auditor reviewed the language in the submitted contracts, each aligns with PREA Standard 115.366.

After this auditor's review of MCJDC's contract with other counties MCJCS-JDC is in compliance with PREA Standard 115.366.

## Standard 115.367: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.367. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.367.



Madison County Juvenile Detention Center’s *Administrative Policies and Procedures 18.8* language aligns with PREA Standard 115.367. However, due to MCJCS-JDC not having an administrative PREA Investigation team in place (at the time of the onsite audit), this auditor could not deem compliance with retaliation monitoring. Furthermore, there were no investigation files to review and no retaliation monitoring documentation to review.

This auditor recommended that MCJCS-JDC establish, develop, and train identified PREA Investigators to conduct Administrative PREA Investigations within the facility (and work with law enforcement for criminal investigations). Additionally, these investigators should have consistent practice with investigation over an identified period, before being deemed compliant with PREA Standard 115.367. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.367. A CORRECTIVE ACTION was required.

During MCJCS-JDC’s Corrective Action period, MCJDC submitted verification of identifying, specialized training, and developing these administrative PREA Investigators within the facility. This auditor received certificates of 2 leadership staff completing specialized training for 2 MCJCS-JDC in October 2020. Additionally, MCJCS-JDC submitted the report from their most recent mock “PREA Sexual Assault Simulation” (which included staff coordinated response and retaliation monitoring simulation).

After this auditor’s review of MCJCS-JDC’s adjustments to their PREA Investigator’s specialized training, evidence of continued practice through mock-scenarios simulations, and submitted certificates of training for the 2 PREA Administrative Investigators, this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.367.

## **Standard 115.368: Post-allegation protective custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.368 (a)**

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS’ Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.367. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile PREA Audit Report*

*Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.367. Madison County Juvenile Detention Center's *Administrative Policies and Procedures 18.8* language did not align with PREA Standard 115.368.

During this auditor's onsite visit, I observed the "All Purpose Room," which was MCJCS-JDC's sole segregated sleeping space which would be deemed as "segregation" or "isolation." Though, at times youth are placed in the "All Purpose Room," they are still active participants in the programming. This auditor interviewed the only 2 residents housed in the facility at the time of the onsite audit. Both residents shared that they have slept in the "All Purpose Room" however they stated that they were not denied their access to education, large muscle exercise, medical, or mental health. According to interviews with staff, the use of the "All Purpose Room" is many times prompted by voluntary requests from residents and for close observation purposes.

Though MCJCS-JDC's practice was in place, this auditor recommended that MCJCS-JDC review their PREA *Policy 18.8* and align its language with PREA Standard 115.368. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.368. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJCS-JDC submitted a copy of their updated *Administrative Policies and Procedures 18.8 (Section E)*, which had language which aligned with PREA Standard 115.368. After this auditor's review of MCJDC's adjustments to their PREA Policy, this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.368.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No



- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.371. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.371. Madison County Juvenile Detention Center's *Administrative Policies and Procedures 18.8* language did not align with PREA Standard 115.371.

This auditor also interviewed MCJCS-JDC's PREA Coordinator and PREA Compliance Manager who stated that all investigations are referred to law enforcement. When asked who is responsible for administrative investigations, MCJCS-

JDC did not have any staff identified specialized trained to do so. There were no specialized training files to review due to law enforcement handling all PREA-related investigations. This auditor also verified through random staff interviews that MCJCS-JDC had no PREA Investigators identified to complete administrative investigations.

This auditor recommended that MCJCS-JDC identify staff to be specialized trained to be facility PREA Investigators. This auditor also recommended that a *PREA Investigation* policy is established which entails a coordinated response with MCJCS identified PREA Investigators (administrative investigations) and local Law enforcement (criminal investigations). Additionally, PREA investigation should be consistent in practice over an identified period. This auditor also recommended that MCJCS adjust their policy language to align with PREA Standard 115.371.

This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.371. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJCS-JDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* to include specialized training for PREA Investigators for administrative investigations. Additionally, specialized training certificates of completion were submitted as evidence of two identified staff receiving PREA specialized investigator training. Finally, MCJCS-JDC submitted evidence of mock scenario-based simulations for staff to remain refreshed in their roles as first responders, coordinated responses, incident report documentation and investigations.

After this auditor's review of MCJCS-JDC's adjustments to their policy, specialized investigations training evidence, and mock scenario-based refresher trainings, this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.371.

## Standard 115.372: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.372. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) did not submit any policy documentation or other evidence to support compliance with PREA Standard 115.372. The excerpts from MCS-JDC's *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8*, related to PREA investigations, entailed nothing which identified that evidentiary standards used to determine if an allegation is substantiated, unsubstantiated, unfounded.

This auditor interviewed MCJCS-JDC's PREA Coordinator and PREA Compliance Manager who shared that all investigations are referred to law enforcement. When asked who is responsible for administrative investigations, MCJCS-JDC did not have any staff identified or specialized trained investigators to do so. There were no specialized training files to review due to law enforcement handling all PREA-related investigations. This auditor also verified through random staff interviews that MCJCS-JDC had no PREA Investigators identified to complete administrative investigations.

This auditor recommended that MCJCS-JDC identify a team of staff to be specialized trained to be facility **PREA Investigators**. This auditor also recommended that the language in *MCJCS-JDC's PREA Investigation Policy (Policy 18.8)* be updated to align with PREA Standard 115.372. Additionally, PREA investigations should be consistent in practice over an identified period before compliance could be determined. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.372. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJCS-JDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* to include evidentiary standards for investigations determination. Additionally, specialized training certificates of completion were submitted as evidence of two identified staff receiving PREA specialized investigator training. Finally, MCJCS-JDC submitted evidence of mock scenario-based simulations for staff to remain refreshed in their roles as first responders, coordinated responses, incident report documentation and investigations.

After this auditor's review of MCJCS-JDC's adjustments to their policy, specialized investigations training evidence, and mock scenario-based refresher trainings, this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.372.

## Standard 115.373: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
 Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.373. Madison County Juvenile Court Services-Juvenile Detention Center (MCJCS-JDC) did not submit any policy documentation or other evidence to support compliance with PREA Standard 115.373. The excerpts from MCS-JDC's *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8*, related to reporting to resident after concluding PREA investigations.

This auditor interviewed MCJCS-JDC's PREA Coordinator and PREA Compliance Manager who shared that all investigations are referred to law enforcement. When asked who is responsible for administrative investigations, MCJCS-JDC did not have any staff identified or specialized trained investigators to do so. There were no specialized training files to review due to law enforcement handling all PREA-related investigations. This auditor also verified through random staff interviews that MCJCS-JDC had no PREA Investigators identified to complete administrative investigations.

This auditor recommended that MCJCS-JDC identify a team of staff to be specialized trained to be facility **PREA Investigators**. This auditor also recommended that *MCJCS-JDC's PREA Investigation Policy (Policy 18.8)* be updated to align with PREA Standard 115.373. Additionally, PREA investigations should be consistent in practice over an identified period before compliance could be determined. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.373. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJCS-JDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* to include responding to resident victims upon conclusion of investigations (unless unfounded). Additionally, specialized training certificates of completion were submitted as evidence of two identified staff receiving PREA specialized investigator training. Finally, MCJCS-JDC submitted evidence of mock scenario-based simulations for staff to remain refreshed in their roles as first responders, coordinated responses, incident report documentation and investigations.

After this auditor's review of MCJDC's adjustments to their policy, specialized investigations training evidence, and mock scenario-based refresher trainings, this auditor concludes, MCJCS-JDC is in compliance with PREA Standard 115.373.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.376. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.376. Excerpts from the policy states, "*Engaging in personal and/or sexual relationship may result in employment termination. Another section of Policy 18.8 states, "(3) Failure to comply with "duty to report" requirements will result in disciplinary action up to and including termination and/or criminal charges. Refer to Madison County policy [Employee Disciplinary Actions and Mediation Process](#)...."(5) Retaliation or negative consequences for reporting sexual abuse/harassment or cooperating with sexual abuse/harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.*"



This auditor individually interviewed MCJCS' Director/PREA Coordinator, MCJCS-JDC's Detention Manager, PREA Compliance Manager, and HR. When asked about disciplinary actions for employees who engage in sexual assault/harassment, (specifically against Residents) and are found substantiated are terminated. The two interviewed residents stated that they felt safe at MCJCS-JDC and felt comfortable notifying any staff of any sexual abuse or harassment.

This PREA auditor concludes that MCJCS-JDC is in compliance with PREA standard 115.376.

## Standard 115.377: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.377. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.377.



Excerpts from the policy states, “All incidents of sexual abuse/assault/misconduct/harassment and rape must be documented in *Quest* and reported to DCS.” Another section of Policy 18.8 states, “After an incident is reported to Child Abuse Hotline: Special Investigations designated staff **IMMEDIATELY** notifies:

- ◆ Detention Supervisor
- ◆ Director of Juvenile Court Services
- ◆ DCS (If child is in their custody)
- ◆ Contract county official that placed child
- ◆ Local Sheriff’s Department
- ◆ Youth’s Family Service Worker

Family Service Worker **IMMEDIATELY** notifies:

- ◆ Parents/Guardians

Any incident involving a contractor or volunteer who engages in sexual abuse will be reported to law enforcement and to relevant licensing bodies.”

This auditor individually interviewed MCJCS’ Director/PREA Coordinator, MCJCS-JDC’s Detention Manager, PREA Compliance Manager, and HR. When asked about disciplinary actions for contractors who engage in sexual assault/harassment, (specifically against Residents) and are found substantiated are terminated. The two interviewed residents stated that they felt safe at MCJCS-JDC and felt comfortable notifying any staff of any instances sexual abuse or harassment.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.377.

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
 Yes  No

#### **115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No

- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.378. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Disciplinary Action Protocol* as evidence of compliance with PREA Standard 115.378. Excerpts from the policy states, "In disciplinary actions in which the staff chooses to use privilege loss to deal with minor problems, staff should remember that privilege losses must NEVER include:

- \*regular meals*
- \*clothing*
- \*exercise*
- \*education, including special education services*
- \*sleep*
- \*health care*
- \*correspondence privileges to the court or government authority*
- \*contact with attorney*
- \*visitation with parents and guardians, unless there is a security risk"*

Additionally, the *Special Considerations Related to PREA and Zero Tolerance for Sexual Abuse* section of the *Disciplinary Action Protocol* states, "In the event that a resident is alleged to have participated in any form of resident-on-resident sexual abuse, sexual assault, sexual harassment, or retaliation for any of these:

- *The accused resident will be subject to disciplinary measures only after one of these conditions occurs, whichever comes first:*
    - *an administrative finding that the resident did engage in the behavior*
    - *a Disciplinary Hearing as described above*
- OR-**
- *a criminal finding of guilt for resident-on-resident sexual abuse*

*If a resident is alleged to have sexual contact with a staff member, disciplinary measures will be levied against the youth only if an administrative investigation or criminal proceeding determines that the staff member did not consent to the activity.*

*If a resident is alleged to have sexual contact with another resident, disciplinary measures will be levied against the youth if an administrative investigation or criminal proceeding determines that he or she coerced the other party. If the behavior is found to be consensual, both parties may be disciplined."*

This auditor individually interviewed MCJCS' Director/PREA Coordinator, MCJCS-JDC's Detention Manager, PREA Compliance Manager, and HR. When asked about interventions and disciplinary actions for residents who engage in sexual assault/harassment, each shared the administrative disciplinary hearings procedures prior to sanctioning. The two interviewed residents stated that knew their rights and the disciplinary process when someone commits a sexual assault or harassment. They also stated that they felt safe and felt comfortable notifying any staff of any instances sexual abuse or harassment.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.378.

## MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.381. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.381. Excerpts from the policy states,

3. *Designated staff will develop appropriate treatment interventions that include further assessments or screenings by a mental health professional for identified children/youth prior to assigning the child/youth to a program, education, work, housing unit, or bed to decrease the risk of sexual victimization/perpetration.*
4. *If further screening or assessments indicates that a child/youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, designated staff will ensure that the child/youth is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening.*
5. *If the victimization occurred while the child/youth was confined at another facility/agency, MCJDC will promptly, but no later than 72 hours, notify the head of the facility/agency where the alleged abuse occurred and will report the abuse incident directly to **DCS Child Abuse Hotline at 1-877 237-0004.***
6. *If the screening indicates that a child/youth has previously perpetrated sexual abuse/assault/misconduct/harassment, whether it occurred in an institutional setting or in the community, designated staff will ensure that the child/youth is offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening.*

*Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* aligns with PREA Standard 115.381. This auditor also interviewed MCJCS-JDC's mental health and medical contracted practitioner, who shared that they are trained to carry out follow-up meetings within 7 days for residents who screened being previously victimized. This 7-day exceeds PREA's 14-day standard window of time. When this auditor asked the contracted mental health and medical practitioner about the 7-day turnaround, they explained that the youth's average length of stay is within a 7-day window MCJCS-JDC's PREA reporting protocols and follows the state child abuse reporting guidelines. They were able to share their coordinated response in case there was such an allegation. This auditor also interviewed MCJCS-JDC's Intake staff who demonstrated how their victimization and abusiveness risk assessment is captured in their QUEST Data System and how Mental Health is then flagged when a certain score is reached on the assessment which identifies victimization or perpetration. Finally, this auditor reviewed 4 random intake assessments. Each assessment was completed during intake. One intake was flagged for mental health follow-up. Mental Health documented their meeting within the 3<sup>rd</sup> day of the resident's arrival. Resident's interviews also verified that assessments and follow-ups are completed within the 14-day timeframe.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.381.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?  Yes  No

#### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.382. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) did not submit any policy documentation or other evidence to support compliance with PREA Standard 115.382. There were no excerpts from *MCJCS-JDC's PREA Policy 18.8*, related to "Access to Emergency Medical and Mental Health Services."

This auditor interviewed MCJCS-JDC's contracted Medical and Mental Health Administrators who shared that all residents who are victims of sexual assault receives emergency medical and mental health services. When this auditor explored by asking to describe "emergency medical/mental health," the medical administrator stated, that the resident will be immediately transported to the nearest medical emergency room. The mental health administrator stated that mental health will send a clinician to the victim resident immediately. Furthermore, MCJCS-JDC's Co-Detention Manager (1 of 2 Co-Detention Managers) oversees transportation to external medical services, and coordinates with mental health clinicians to immediately see the youth.

Though, MCJCS-JDC's coordinated response practice is in place, there is no policy in *MCJCS-JDC's PREA Policy 18.8* to align with their practice. This auditor also recommended that MCJCS-JDC develop a section within their *MCJCS-JDC's PREA Policy 18.8* which aligns with PREA Standard 115.382. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.382. A CORRECTIVE ACTION was required.

During MCJCS-JDC's Corrective Action period, MCJCS-JDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* to include "Access to Emergency Medical and Mental Health Services." Additionally, MCJCS-JDC submitted evidence of mock scenario-based simulations for staff to remain refreshed in their roles as first responders, medical coordinated responses, incident report documentation and investigations.

After this auditor's review of MCJDC's adjustments to their policy, specialized investigations training evidence, and mock scenario-based refresher trainings, this auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.382.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA



### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.383. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) did not submit any policy documentation or other evidence to support compliance with PREA Standard 115.383. There were no excerpts from *MCJCS-JDC's PREA Policy 18.8*, related to "Ongoing Medical and Mental Health for Sexual Abuse Victims and Abusers."

This auditor interviewed MCJCS-JDC's contracted Medical and Mental Health Administrators who shared that all residents who are victims and perpetrators of sexual assault receive ongoing medical and mental health care. When this auditor

explored by asking MCJCS-JDC’s leadership to describe “ongoing medical/mental health care,” both administrators stated that both victim and abuser residents receives follow-up sessions with mental health and medical (as scheduled with contracted Medical/Mental Health providers). They are referred as needed, provided STD and pregnancy tests, informed of external support services as well. Furthermore, MCJCS-JDC’s Co-Detention Manager (1 of the 2 Detention Managers) coordinates with contracted medical and mental health administrators regarding internal/external medical and mental health services.

Though, MCJCS-JDC’s coordinated response practice is in place, there was no policy in *MCJCS-JDC’s PREA Policy 18.8* to align with their practice. This auditor also recommended that MCJCS-JDC develop a section within their *MCJCS-JDC’s PREA Policy 18.8* which aligns with PREA Standard 115.383. This auditor also recommended that MCJCS-JDC adopt language to their policy language which aligns with PREA Standard 115.383. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.383 A CORRECTIVE ACTION was required.

During MCJCS-JDC’s Corrective Action period, MCJCS-JDC submitted verification of adjustments made to their *Madison County Juvenile Detention Center- Administrative Policies and Procedures 18.8* to include “Ongoing Medical and Mental Health Services for Sexual Abuse Victims and Abusers.” After this auditor’s review of MCJDC’s adjustments to their policy and mock scenario-based refresher trainings, this auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.383.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS' Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.386. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.386.

Madison County Juvenile Detention Center's *Administrative Policies and Procedures 18.8* aligns with PREA Standard 115.386. However, there was no evidence that MCJCS-JDC has an established an "Incident Review" committee/team who meets formally and consistently to review PREA-related incidents or preventive strategies. MCJCS-JDC did not produce evidence of a meeting agenda, meeting minutes and dates of meetings.

This auditor recommended that MCJCS-JDC establish a committee who consistently have formally meetings regarding PREA-related incidents and investigations, as well as strategies to improve PREA prevention, reporting, investigating, training, and coordinated responses to PREA incidents. This committee should meet either weekly, bi-weekly, or monthly

(based on need). If there is already a consistent “Security Team” who already formally meets on a consistent basis at MCJCS-JDC, simply add PREA on its agendas and discuss (and add PREA in the minutes). This would be consistent with *Madison County Juvenile Detention Center’s- Administrative Policies and Procedures 18.8* and PREA Standard 115.386. Finally, PREA Incident Review Meetings should be consistent in practice over an identified period before compliance can be concluded. This PREA auditor concluded that MCJCS-JDC was not in compliance with PREA standard 115.386. A CORRECTIVE ACTION was required.

During MCJCS-JDC’s Corrective Action period, MCJCS-JDC submitted verification of adjustments made to their *Detention Status Review Meetings*, adding PREA review to their agenda. Madison County Juvenile Detention Center submitted minutes to three *Detention Status Review Meetings* (included PREA on the agenda) as evidence of compliance and consistency in practice. After this auditor’s review of MCJDC’s adjustments to their *Detention Status Review Meetings* and consistency in their practice through submitting their meeting minutes, this auditor concludes that MCJCS-JDC is in compliance with PREA Standard 115.386.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.387. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.387. An excerpt from the policy states, "MCJDC will collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions as instructed by the PREA Coordinator. MCJDC will aggregate the incident-based sexual abuse data at least annually. The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The MCJDC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, MCJDC will provide all such data from the previous calendar year to the Department of Justice."

*Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* aligns with PREA Standard 115.387. This auditor also interviewed MCJCS's Director/PREA Coordinator and PREA Compliance Manager. This auditor was also able to review how PREA-related data is collected and documented in MCJCS-JDC's QUEST data system. This auditor was also able to review MCJCS-JDC's PREA annual reports from 2016-17, 2017-18, 2018-19, and 2019-20 via their website (madisoncountyttn.gov). Each report recapped their annual PREA incidents data and corrective actions taken to prevent such instances from occurring/reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with WRAP external victim advocacy, adding PREA Coordinator, Compliance Manager, etc.)

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.387.

## Standard 115.388: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.388. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.388. An excerpt from the policy states, "MCJDC will review data collected and aggregated pursuant to PREA

Standards § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- ◆ Identifying problem areas;
  - ◆ Taking corrective action on an ongoing basis; and
  - ◆ Preparing an annual report of its findings and corrective actions
- a) The report will include a comparison of the current year’s data and corrective actions with those from prior years and will provide an assessment of the facility’s progress in addressing sexual abuse.

*MCJDC report will be approved by the DCS Commissioner/designee agency Director and made readily available to the public through its website or through other means, as applicable.*

- b) *MCJDC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.”*

Madison County Juvenile Detention Center’s- Administrative Policies and Procedures 18.8 aligns with PREA Standard 115.388. This auditor also interviewed MCJCS’s Director/PREA Coordinator and PREA Compliance Manager. This auditor was also able to review how PREA-related data is collected and documented in MCJCS-JDC’s QUEST data system. This auditor was also able to review MCJCS-JDC’s PREA annual reports from 2016-17, 2017-18, 2018-19, and 2019-20 via their website (madisoncountyttn.gov). Each report recapped their annual PREA incidents data and corrective actions taken to prevent such instances from occurring/reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with WRAP external victim advocacy, adding PREA Coordinator, Compliance Manager, etc.).

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.388.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No



## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied MCJCS-JDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.389. Madison County Court Services-Juvenile Detention Center (MCJCS-JDC) submitted their *Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8* as evidence of compliance with PREA Standard 115.389. An excerpt from the policy states, "*MCJDC will ensure that data collected pursuant to PREA Standards § 115.387 are securely retained.*

- a) MCJDC will make all aggregated sexual abuse data from the facility under its direct control readily available to the public at least annually through its website or through other means, as applicable.*
- b) Before making aggregated sexual abuse data publicly available, MCJDC will remove all personal identifiers.*

*MCJDC will maintain sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise."*

*Madison County Juvenile Detention Center's- Administrative Policies and Procedures 18.8 aligns with PREA Standard 115.389. This auditor also interviewed MCJCS's Director/PREA Coordinator and PREA Compliance Manager. This auditor was also able to review how PREA-related data is collected and documented in MCJCS-JDC's QUEST data system. This auditor was also able to review MCJCS-JDC's PREA annual reports from 2016-17, 2017-18, 2018-19, and 2019-20 via their website (madisoncountyttn.gov). Each report recapped their annual PREA incidents data and corrective actions taken to prevent such instances from occurring/reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with WRAP external victim advocacy, adding PREA Coordinator, Compliance Manager, etc.).*

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.389.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private

organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

MCJCS-JDC is required to have a PREA audit every three years, after the conclusion of this first PREA Audit in October 2014. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates,

residents, and detainees. The MCJCS-JDC residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

This PREA auditor concludes MCJCS-JDC is in compliance with PREA standard 115.401.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

There have been a Final Audit Report posted on Madison County Juvenile Court Services website on October 21, 2014.

## 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

DeShane Reed (#P2190)  
**Auditor Signature**

June 18, 2021  
**Date**