

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 14, 2017

Auditor Information			
Auditor name: Robert Latham			
Address: 677 Idlewild Circle, Birmingham, Alabama, 35205			
Email: robertblatham@icloud.com			
Telephone number: (205) 746-1905			
Date of facility visit: July 12, 2017			
Facility Information			
Facility name: Free Will Baptist Family Ministries, Inc.			
Facility physical address: 90 Stanley Lane, Greeneville, Tennessee 37743			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (423) 639-9449			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Frank Woods			
Number of staff assigned to the facility in the last 12 months: 42			
Designed facility capacity: 52			
Current population of facility: 22			
Facility security levels/inmate custody levels: Unsecured/Level II			
Age range of the population: 12-18			
Name of PREA Compliance Manager: N/A		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	
Agency Information			
Name of agency: Free Will Baptist Family Ministries, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> N/A			
Physical address: 90 Stanley Lane, Greeneville, Tennessee 37743			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (423) 639-9449			
Agency Chief Executive Officer			
Name: Frank Woods		Title: President/CEO	
Email address: fwoods@fwbfm.com		Telephone number: (423) 639-9449	
Agency-Wide PREA Coordinator			
Name: Angela Dingus		Title: Standards and Compliance Coordinator	
Email address: adingus@fwbfm.com		Telephone number: (423) 278-1591	

AUDIT FINDINGS

NARRATIVE

Notices of the PREA audit, along with contact information, were posted six weeks prior to the on-site audit. The PREA Coordinator emailed photographs of the posted audit notices for confirmation. A flash drive containing the Free Will Baptist Family Ministries (FWBFM) Pre-Audit Questionnaire, FWBFM policies, DCS policies, the FWBFM mission statement, and documentation to support each standard was provided to the auditor prior to the on-site audit. The documentation was well organized and arranged by standard number. Additional documentation was provided during the on-site audit and afterward, for clarification and additional support of the standards.

The auditor communicated with the PREA Coordinator to discuss the tentative schedule of the on-site audit. The on-site audit was conducted July 12, 2017. After introductions and discussing the agenda for the day, the auditor proceeded with the facility tour, accompanied by the Campus Supervisor.

All areas of the facility were toured, including: two cottages, classrooms, administration, cafeteria and dining hall, outside recreation areas, and indoor basketball court. The auditor noted staff supervising the clients and supervision was augmented by the strategic location of cameras. All areas not accessible to the clients were locked.

PREA posters were located throughout the facility. They contained important PREA information and the DCS Child Abuse Hotline number. Information was provided for internal and external ways to report allegations of sexual abuse and sexual harassment and how to access community based services. The Tennessee Resource Guide - Counseling and Other Support Services, as well as the phone telephone number and mailing address for The Child Advocacy Center of the 3rd Judicial District was provided. A grievance box is located in the foyer of the gymnasium.

Following the tour, the auditor began interviewing staff and clients. During the on-site audit and by telephone afterward, the auditor interviewed the Executive Administrator of Program Services, two FWBFM Campus Supervisors, FWBFM PREA Coordinator, eleven (11) specialized staff, nine (9) randomly selected staff from all shifts, ten (10) randomly selected clients from all housing units, one (1) male client who identified as gay, and one (1) client who disclosed prior sexual victimization during risk screening. A total of thirty-seven (37) interviews were conducted.

An exit briefing was conducted with the Executive Administrator of Program Services and the PREA Coordinator.

DESCRIPTION OF FACILITY CHARACTERISTICS

Free Will Baptist Family Ministries (FWBFM), based in Greeneville, Tennessee, has been caring for hurting children and families since 1939. What began as an orphanage has expanded into a multi-faceted and diverse ministry, providing a wide range of professional services to all ages. FWBFM serves pregnant teens and young women, infants, toddlers, adolescents, teens, senior citizens and families with programs and facilities in Tennessee, Virginia and Arkansas. FWBFM is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities), founded in 1966, as a service provider, which signals FWBFM's commitment to continually improving services, encouraging feedback and serving the community.

When young people arrive at Free Will Baptist Family Ministries, a plan is put in place to address their needs. Through the love and support of trained house parents, counselors, therapists and support staff, clients are shown the model of a Christian family, and help is available for their spiritual, emotional, social and physical needs.

The goal for the young people in FWBFM programs is to transition into one of the FWBFM residential homes and then, eventually, reunite with their families. If that is not possible, they go to live with one of the FWBFM Christian foster families. In some cases, adoption of children presently in foster care is a possible option.

Two cottages were in use during the on-site audit of the Greenville campus. The Jane Brown Cottage is built high on a hillside, dedicated in memory of Mrs. Jane Brown. The cottage has five (5) client bedrooms with two beds each, two bathrooms with showers, a kitchen, laundry, common room, staff office, and control room with a monitoring screen. Niswonger Cottage opened in 1998, named in honor of Sharon Niswonger, mother of Scott Niswonger, longtime friend and major benefactor of FWBFM. The cottage has a total of twelve (12) beds. Bedrooms with two beds are separated by a shared bathroom. Additionally, there is a common area, kitchen, laundry room and staff office. PREA posters in both cottages are in English and Spanish. All areas where the clients are allowed are in camera view, except the bathrooms and bedrooms. Staff conduct room checks every fifteen (15) minutes.

The Stokes Academy is a newly constructed school on the campus. Centered as the foundation of the school is a chapel, with adjoining classrooms on each side. This structure allows FWBFM to both introduce the clients to Christ, while providing them vital tools needed to achieve their educational goals. The on-campus state-licensed school, offers each student the opportunity to receive academic assessments and specialized assistance. The school serves children and youth who may have emotional or behavioral problems and/or academic deficits that prevent them from functioning successfully in a public-school setting. A comprehensive assessment serves as the basis for the development of an individualized educational plan. In addition, counseling services are provided for the student. Class size is small and allows ample time for one-on-one instruction. Experiential activities are integrated into the academic schedule, and GED instruction is also available. Upon discharge from care, academic credits are transferred to the appropriate school in order to ensure no youth falls behind in academic placement.

Adjacent to Stokes Academy, is the Jackson Tolle building. It houses administrative offices for residential, family services and therapists, as well as two conference rooms and a full-size gymnasium for residents to enjoy basketball and a variety of other physical activities. The Stokes Academy, Jackson Tolle building and gymnasium all have video surveillance in areas accessible to the clients.

Lastly, the dining hall has a large open area for the clients to eat meals. Clients are not permitted in the kitchen area. The dining room is also under video surveillance.

SUMMARY OF AUDIT FINDINGS

The on-site audit of Free Will Baptist Family Ministries (FWBFM), located in Greene County Tennessee, was completed July 12, 2017. The results indicate FWBFM exceeded one (1) standard; met thirty-nine (39) standards; zero (0) standards were not met; and one (1) standard was not applicable.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Free Will Baptist Family Ministries has a zero tolerance of sexual abuse and sexual harassment. The agency strictly adheres to the Prison Rape Elimination Act (PREA) guidelines.

Policy outlines how the facility will implement the zero-tolerance approach to preventing, detecting and responding to sexual abuse, sexual assault, sexual misconduct, sexual harassment, or rape. Definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors is included.

Policy is inclusive of strategies and responses to reduce and prevent sexual abuse and sexual harassment of clients. The PREA Coordinator is identified in the FWBFM organizational chart.

Interview

- PREA Coordinator
The PREA Coordinator confirmed she has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.

Policy

- FWBFM Policy 3:002 - Sexual and other Unlawful Harassment/Abuse
- FWBFM Policy 5:123 - Awareness and Prevention of Child Abuse/Neglect
- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Staff Handbook - Zero Tolerance of Sexual Abuse and Sexual Harassment
- FWBFM Organizational Chart

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DCS contract with FWBFM requires compliance with the PREA Juvenile Standards. The contract provides for monitoring to ensure continued compliance. FWBFM does not contract with additional entities for housing FWBFM clients.

Policy

- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Contract Example

Standard 115.313 Supervision and monitoring

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

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

FWBFM has developed and implemented a staffing plan that provides for a ratio of 1:5 staff per clients during waking hours and 1:5 during sleeping hours. Deviations would be documented. During the twelve-month audit period, there were no deviations from the staffing plan. Staff holdovers and relocation ensure required staffing levels.

Annually the facility, in consultation with the PREA Coordinator, assesses the staffing plan.

The Staffing Plan Assessment includes the following:

- 1) Generally accepted juvenile secure residential practices;
- 2) Any judicial findings of inadequacy;
- 3) Any findings of inadequacy from Federal investigative agencies;
- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the facility's plant (including "blind spots" or areas where staff or clients may be isolated);
- 6) The composition of the resident population, if changes have occurred;
- 7) The number and placement of supervisory staff;
- 8) Programs/activities occurring on a particular shift;
- 9) Any applicable State or local laws, regulations, or standards;
- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- 11) Prevailing staffing patterns;
- 12) The deployment of video monitoring systems and other monitoring technologies;
- 13) The allocation of agency/facility resources to commit to the staffing plan to ensure compliance; and
- 14) Any other relevant factors

Campus Supervisors conduct an unannounced visit to each cottage weekly to deter any type of staff sexual abuse or sexual

harassment from occurring. The coordinator or higher supervisors will conduct an unannounced visit to each cottage at least a quarter on all shifts to ensure no safety issues are present. Staff are prohibited from alerting other staff that the visits are occurring to ensure that it is truly unannounced.

Interviews

- Facility Director
The interview with the Campus Supervisors confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels and ratios of 1:5 during waking hours and 1:5 during sleeping hours to protect clients against sexual abuse, considers video monitoring as part of the plan, and documents the plan. The Campus Supervisors confirmed all aspects of the standard are considered in developing the plan. Compliance with the staffing plan is maintained by pulling in staff when needed and ensuring each cottage has two staff on each shift. The Campus Supervisors confirmed full compliance for the twelve-month audit period.
- PREA Coordinator
The PREA Coordinator confirmed she participates in making assessments of, or adjustments to, the staffing plan for the facility and the assessments happen at least annually.
- Intermediate or Higher-Level Facility Staff
Interviews confirmed the documented, unannounced, supervisory rounds occur on all shifts and staff are not alerted when they occur.

Policy

- FWBFM Policy 3:002 - Sexual and other Unlawful Harassment/Abuse
- FWBFM Policy 5:127 - Supervision, Safety, and Well-being of Youth
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- 2015 Staffing Plan Assessment
- 2016 Staffing Plan Assessment
- Unannounced Rounds Jane Brown Cottage
- Unannounced Rounds Niswonger Cottage

Standard 115.315 Limits to cross-gender viewing and searches

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

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

FWBFM does not permit staff to conduct cross-gender pat-down searches on clients regardless of the circumstances. If exigent circumstances occur FWBFM staff will contact outside authorities to come and conduct the searches. All clients at FWBFM are

allowed to shower, perform bodily functions, and change clothing in privacy without staff viewing them in any way. There are no video cameras located in the bathrooms at the on-campus school or cottages nor in the bedrooms of the cottages. Facility policies and procedures require all staff to announce their presence when entering a client housing area where clients are likely to be showering, performing bodily functions, or changing clothing. Staff members are prohibited from searching or physically examining a transgender or intersex client for the sole purpose of determining the client's genital status.

No clients who identified as transgender or intersex were admitted to the facility during the twelve-month audit period.

Interviews

- Random Sample of Staff
Interviews with staff confirmed they are required to conduct searches in a professional and respectful manner, consistent with security needs. No staff reported having to conduct cross-gender pat-down searches and searches of transgender and intersex clients. They reported being restricted from doing. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex client for the sole purpose of determining the client's genital status.
- Random Sample of Residents
Client interviews confirmed staff announce their presence when entering the housing units. All clients interviewed confirmed only male staff perform visual clothing searches. All clients interviewed confirmed they are never naked in full view of staff.
- Transgender or Intersex Residents
No clients identified as transgender or intersex.

Policy

- FWBFM Policy 5.127 - Supervision, Safety, and Well-being of Youth
- FWBFM Policy 5.128 - Client Search Procedure
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 20.20 Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- FWBFM Residential Client Handbook - Searches

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

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

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

FWBFM ensures clients 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. Clients receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment through the client handbook and PREA brochure. At the time of admission, if a client is visually impaired, have limited reading skills or otherwise disabled, FWBFM staff reads the intake material/information to the clients.

The facility ensures meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients who are limited English proficient. If the need arises FWBFM will communicate with the DCS to assist in identifying a professional interpreter for a limited English proficiency client.

The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. No resident interpreters, resident readers, or other types of resident assistants were used during the twelve-month audit period.

Interviews

- Agency Head Designee

The interview with the Executive Director of Program Services confirmed the facility has established procedures to provide clients with disabilities and clients who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

- Random Sample of Staff

Interviews with staff confirmed they would use an interpreter for clients who are limited English proficient. No staff interviewed recalled resident interpreters, resident readers, or other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment during the twelve-month audit period.

Policy

- FWBFM Policy 5:109 – Service Planning of Persons and Families with Special Needs
- FWBFM Policy 5:123 - Awareness and Prevention of Child Abuse/Neglect
- DCS Policy 1.1 Providing Equal Access to Programs, Services, and Activities for Individuals with Disabilities under the Americans with Disabilities Act (ADA)
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
- Special Education Teachers' Certifications

Standard 115.317 Hiring and promotion decisions

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

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

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

FWBFM has an extensive criminal records background check process. Before hiring new employees or contractors, who may have contact with clients, FWBFM performs a background check history including: Local Law Enforcement Check, National Sex Offender Registry Check, Tennessee Department of Health Vulnerable Persons Abuse Registry Check, Tennessee Felony Database Clearance, Drug Offender Registry Check, Tennessee Department of Children’s Services Database Search, TBI/FBI Fingerprint Results, and a Driver’s License Search. Prior institutional employers are contacted for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. Criminal records background check of current employees and contractors are conducted annually.

FWBFM will not hire or promote or contract with anyone who has been determined by the court system to have been involved in any incidents of sexual harassment. Employees have a duty to disclose previous misconduct and any new arrests. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The facility does not hire or promote anyone who may have contact with clients, and does not enlist the services of any contractor who may have contact with clients, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Employees confirm they have not engaged in any of the aforementioned activities by completing the PREA Employment Questionnaire at hire, during evaluations, and during promotions.

Interview

- Administrator (Human Resources) Staff
The Human Resources Staff confirmed the facility complies with the standard. Criminal Records background checks are conducted annually.

Policy

- FWBFM Policy 3:004 - Hiring Policy
- FWBFM Policy 3:059 - Termination of Employment
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Background Check History and IV-E Eligibility Checklist
- Staff Handbook
 - Hiring Policy
 - Performance Evaluations
 - Promotion Policy
 - Sexual and other Unlawful Harassment
- PREA Employment Questionnaire

Standard 115.318 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

FWBFM built a new school building, the Stokes Academy, since the 2014 PREA audit. The school is a modern building with cameras located in each classroom. When designing the Stokes Academy, FWBFM considered the effect of the design, upon the agency’s ability to protect clients from sexual abuse. Additionally, when installing the video monitoring system in Stokes Academy, FWBFM considered how the system would enhance the agency’s ability to protect clients from sexual abuse.

Interview

- o Facility Director
The Campus Supervisors confirmed FWBFM considered the ability to protect clients from sexual abuse when designing the Stokes Academy and installing the video surveillance system.

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o Facility Layout and Building Schematics

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

FWBFM is required to have all investigations conducted according to DCS guidelines. No investigators are employed by FWBFM. FWBFM follows instructions from the DCS Special Investigative Unit (SIU) in matters relating to sexual abuse and harassment allegations and investigations. Whenever an allegation is called in or communicated to the DCS SIU they are the responsible agency for determining whether an allegation is substantiated, unsubstantiated or unfounded. It is possible that an allegation is called in and then determined not to meet the criteria of a sexual assault or harassment charge. If so these are categorized as being screened out. DCS adheres to the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents.

FWBFM has a Memorandum of Understanding with The Child Advocacy Center of the 3rd Judicial District for victim advocacy services, forensic interviews, medical examinations by a SANE or SAFE or other qualified medical provider with specialized training to provide services to youth who have experienced sexual abuse. The services are provided to the victim free of charge. The auditor confirmed availability of the services through telephone correspondence and reviewing the Memorandum of Understanding.

Interviews

- PREA Coordinator
The PREA Coordinator confirmed The Child Advocacy Center of the 3rd Judicial District would provide a qualified victim advocate.
- Random Sample of Staff
Staff interviews confirmed DCS is responsible for administrative sexual abuse investigations and referrals for criminal sexual abuse investigations.
- SAFE/SANE Staff
A telephone call with The Child Advocacy Center of the 3rd Judicial District confirmed the availability of victim advocacy services, forensic interviews, and medical examinations by a SANE or SAFE or other qualified medical provider.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 14.25 - Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Memorandum of Understanding with The Child Advocacy Center of the 3rd Judicial District

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

DCS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct and sexual harassment. All incidents are documented on the Tennessee Family and Child Tracking System (TFACTS). The policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the DCS website.

One allegation of staff sexual misconduct was investigated within the twelve-month audit period. The allegation was determined to be unsubstantiated with concerns. The staff member is no longer employed with FWBFM. The facility reported no referrals for criminal investigations during the twelve-month audit period.

Interviews

- Agency Head (Designee)
The Executive Director of Program Services confirmed an administrative or criminal investigation is completed for all allegations of sexual abuse, sexual assault, sexual misconduct and sexual harassment. Allegations are documented on TFACTS and a DCS investigator is assigned to investigate allegations.
- Investigative Staff
The DCS investigator confirmed all allegations of sexual abuse or sexual harassment are referred for criminal investigations, unless an allegation does not involve potentially criminal behavior.

Policy

- FWBFM Policy 5:123 - Awareness and Prevention of Child Abuse/Neglect
- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 1.16 Internal Affairs Investigations
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Website Address: <https://www.tn.gov/dcs/topic/prison-rape-elimination-act>

Standard 115.331 Employee training

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

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

All FWBFM employees who have contact with clients complete training on:

(1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Clients' right to be free from sexual abuse and sexual harassment; (4) The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between clients; (8) How to avoid inappropriate relationships with clients; (9) How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.

Training is completed at FWBFM through a variety of blended learning techniques such as: in the classroom (CORE Training),

on-line, self-directed (reading material and taking tests), job shadowing (on-the-job-training), etc. All employees receive PREA training during orientation and through annual refresher training thereafter. Employees sign Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) documenting they understand the training they have received. Additionally, FWBFM cross-trains employees so they may fill in other positions when the need arises.

Interviews

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

Policy

- FWBFM Policy 1:002 - Staff Relations
- FWBFM Policy 1:003 - Client Relations
- FWBFM Policy 1:005 - Ethical Code of Conduct
- FWBFM Policy 1:006 - Community Relations / Communication
- FWBFM Policy 1:009.1 - Setting Boundaries
- FWBFM Policy 3:001.2 - Client Relations
- FWBFM Policy 3:002 - Sexual and Other Unlawful Harassment/Abuse
- FWBFM Policy 3:013 - Training
- DYS Policy 5.2 - Professional Development and Training Requirements
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
- PREA Post Tests
- Staff Handbook – Training Programs
- PREA Training PowerPoint

Standard 115.332 Volunteer and contractor training

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

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

All FWBFM volunteers and contractors receive training on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures, based on the services they provide and the level of contact they have with clients. The facility maintains form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) confirming that volunteers and contractors understand the training they

have received.

Interview

- Contractor
- An interview with a contractor confirmed he has been trained on his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Policy

- FWBFM Policy 5:111 - Contracted Service Delivery
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.333 Resident education

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

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

Clients receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment through the client handbook and PREA brochure. At the time of admission, if clients are visually impaired, have limited reading skills or are otherwise disabled, FWBFM staff reads the intake material/information to the clients. The information that is given to the client is age appropriate because the youth range from ages 12-18 years old and the client handbook has been designed for that age group. Clients are given an age-appropriate more comprehensive education training regarding the Prison Rape Elimination Act within 10 days of admission. Education topics include: clients' rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Appropriate provisions are made as necessary for clients who are of limited English proficiency, have disabilities, and those with low intellectual functioning, psychiatric, or speech or reading disabilities. Client PREA education (PREA Brochure, Client Handbook, PREA Comprehensive Education Training PowerPoint) is available in Spanish for clients that have limited English Proficiency. FWBFM does not rely on resident interpreters for PREA information and education, except in urgent circumstances where safety may be compromised.

FWBFM ensures that key information regarding PREA policies is continuously and readily available or visible through posters and client handbooks, and PREA brochures. Clients are given another PREA brochure at the day of discharge to ensure that when a client is transferred from one facility to another that they are educated regarding their rights to be free from sexual

abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

All clients sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA) to confirm they have been notified and informed of PREA and on how to report incidents of sexual abuse, sexual assault, sexual misconduct, and sexual harassment.

Interviews

- Intake Staff
Interviews revealed client education is accomplished through viewing a PREA video, reviewing PREA information provided in brochures, and client handbooks. All clients sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA). Clients are educated on the facility's zero-tolerance policy on sexual abuse and sexual harassment and how to report during intake. All PREA education is accomplished within ten days.
- Random Sample of Residents
Clients interviewed confirmed they were informed of their right not to be sexually abused and sexually harassed, how to report, and their right not be punished for reporting, during the intake process. They confirmed they received information about the facility's rules against sexual abuse and sexual harassment through brochures and client handbooks.

Policy

- FWBFM Policy 5:109 - Service Planning of Persons and Families with Special Needs
- FWBFM Policy 5:123 - Awareness and Prevention of Child Abuse/Neglect
- FWBFM Policy 5:162 - Transition/Discharge
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA)
- PREA Comprehensive Education Training PowerPoint (English and Spanish)
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- FWBFM Residential Client Handbook – Sex Abuse Prevention (English and Spanish)
- Special Education Teachers' Certifications

Standard 115.334 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FWBFM does not employ investigators. Investigators are employed and trained by DCS. In addition to the general training provided to all employees pursuant to § 115.331, the DCS ensures its investigators have received training in conducting investigations in confinement settings. DCS investigators receive specialized training from the Tennessee Bureau of Investigations (TBI) and National Institute of Corrections (NIC) online training in sexual abuse investigations involving juveniles.

The DCS Special Investigators Unit Training Curriculum includes:

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

Interview

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

Policy

- DCS Policy 5.2 Professional Development and Training Requirements
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Required Training Chart for all DCS Staff
- DCS Special Investigators Unit Training PowerPoint
- Internal Affairs Record of Training Participation

Standard 115.335 Specialized training: Medical and mental health care

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

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

FWBFM does not employ medical staff. Clients go to the Greene County Health Department for dental and physical examinations. FWBFM ensures all mental health staff who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Additionally, they receive the training mandated for

employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon their status at the agency. They sign form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) and training logs to document they have received the training required by the standard.

Policy

- FWBFM Policy 5:111 - Contracted Service Delivery
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

During the intake process, DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is administered to clients within seventy-two (72) hours of admission. This information is ascertained through conversations with the clients during the intake process and by reviewing relevant documentation.

The assessment ascertains information about: (1) prior sexual victimization or abusiveness; (2) any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the client may therefore be vulnerable to sexual abuse; (3) current charges and offense history; (4) age; (5) level of emotional and cognitive development; (6) physical size and stature; (7) mental illness or mental disabilities; (8) intellectual or developmental disabilities; (9) physical disabilities; (10) the client's own perception of vulnerability; and (11) any other specific information about individual clients that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other clients.

Interviews

- PREA Coordinator
The interview confirmed screening information is available to Family Specialists, treatment team members and direct care staff on a need to know basis.
- Staff That Perform Screening for Risk of Victimization and Abusiveness
The Family Specialist performs screening for risk of victimization and abusiveness. The interview confirmed that clients are screened upon admission or transfer from another facility within 72 hours. The screening includes all eleven (11) topics required by the standard. DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization is completed by asking the clients questions and reviewing their files. Risk levels are reassessed if there

are incidents of sexual abuse or sexual harassment and a safety plan is developed. The screening information is available only to those who need access for treatment purposes.

- Randomly Selected Residents
Interviews with the clients confirmed they were asked questions like the following examples at intake:
(1) Have you have ever been sexually abused?
(2) Do you identify with being gay, bisexual or transgender?
(3) Do you have any disabilities?
(4) Do you think you might be in danger of sexual abuse at the Facility?

Policy

- FWBFM Policy 5:107 - Case Management
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization
- Staff Handbook – Confidential Information (Nondisclosure)

Standard 115.342 Use of screening information

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

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

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

Gay, bisexual, transgender, or intersex clients are not placed in a particular housing, bed or other assignment solely on the basis of such identification or status, nor does the facility consider gay, bisexual, transgender or intersex identification or status as an indicator of likelihood of being sexually abusive.

In making housing and programming assignments for transgender or intersex clients, the facility considers on a case-by-case basis whether a placement would ensure the client’s health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex client are reassessed at least twice each year to review any threats to safety experienced by the client. A transgender or intersex client’s own views with respect to his or her own safety is given serious consideration. Transgender and intersex clients. are given the opportunity to shower separately from other clients. FWBFM does not use segregation or isolation.

Interviews

- PREA Coordinator
The PREA Coordinator confirmed the facility uses all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for clients with the goal of keeping all clients safe and free from sexual abuse.

The PREA Coordinator confirmed gay, bisexual, transgender, or intersex clients are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor does the facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Coordinator confirmed housing and programming assignments for transgendered and intersex clients are considered on a case-by-case basis whether the placement would ensure the client's health and safety, and whether the placement would present management or security problems. Placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the client. A transgender or intersex client's own views with respect to his or her own safety is given serious consideration. She confirmed transgender and intersex clients are given the opportunity to shower separately from other clients.

- Staff That Perform Screening for Risk of Victimization and Abusiveness
The Treatment Manager confirmed the facility uses information from the risk screening to develop safe housing plans and housing assignments. She confirmed placement and programming assignments for each transgender or intersex client would be reassessed at least twice each year to review any threats to safety experienced by the client.
- Facility Director
The Facility Director confirmed isolation is not used at the facility.
- LGBTI Residents
One male youth identified as gay. He confirmed not being placed in particular housing, bed, or other assignments solely on the basis of his sexual orientation.

Policy

- FWBFM Policy 5:107 - Case Management
- FWBFM Policy 5:133 - Restrictive Treatment
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 20.20 Guidelines for Managing Children/Youth in DCS Custody Related to Sexual Orientation, Gender Identity and Expression

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS form CS-0946 Assessment, Checklist, and Protocol for Behavior and Risk for Victimization
- At-Risk Protocol Section of DCS form CS-0946
- Child Safety Plan

Standard 115.351 Resident reporting

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

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

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

FWBFM provides internal ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. All clients have the right to report privately to their therapist, family specialist, psychologist, administrator, DCS worker, campus supervisor, direct care worker, etc. Clients may also complete a grievance form or call the DCS Child Abuse Hotline at 1-877-237-0004. Grievance forms are located in classrooms and the cottages. A grievance box is located in the foyer of the gym and pencils are provided as needed.

Clients may also report externally to a public or private entity or office that is not part of the agency by writing or calling The Child Advocacy Center of the 3rd Judicial District. Other counseling and support services are listed in the Tennessee Resource Guide posted in each cottage. Clients may remain anonymous upon request. Youth detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. FWBFM reports not having any clients detained solely for civil immigration purposes.

Clients may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties, including their peers, staff members, family members, attorneys, volunteers, the chaplain, etc. Third parties may also file such requests on behalf of clients. If the client declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of the facility must document the client's decision to decline.

Pursuant to Tennessee Code Annotated 37-1-403, 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. In terms of PREA standards, this duty to report includes but is not limited to any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. All reports made verbally, in writing, anonymously, by third parties or by any other means must be documented. FWBFM allows for staff to privately report sexual abuse and sexual harassment of clients by calling the DCS Child Abuse Hotline.

Clients are given another PREA brochure at the day of discharge to ensure that when a client is transferred from one facility to another that they are educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Interviews

- PREA Coordinator

The PREA Coordinator confirmed the facility provides clients with access to tools necessary to make a written report of sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Grievance forms are located in classrooms and the cottages. A grievance box is located in the foyer of the gym and pencils are provided as needed. The Child Advocacy Center of the 3rd Judicial District and Tennessee Resource Guide were identified as ways for clients to report sexual abuse or sexual harassment to a private entity that is not part of the facility. All allegations are immediately reported to DCS.

- Random Sample of Staff

All staff interviewed identified the DCS Child Abuse Hotline as a way for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed an incident of sexual abuse or sexual harassment. They would be provided sight but not sound supervision. All staff confirmed they would immediately document verbal reports. All staff interviewed identified the DCS Child Abuse Hotline as a way for them to privately report sexual abuse

and sexual harassment of clients.

- Random Sample of Residents
Interviews with clients confirmed they are knowledgeable of internal and external ways of reporting sexual abuse or sexual harassment if it were to happen to them or other clients. All of them could identify someone who does not work at the facility whom they could report to and most knew that they could make anonymous reports. All clients interviewed knew they could make reports in person or in writing and most knew they could have someone make the report for them so they would not have to give their name.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- FWBFM Policy 3:002 - Sexual and other Unlawful Harassment/Abuse
- FWBFM Policy 5:107 - Case Management
- FWBFM Policy 5:122 - Client Grievance
- FWBFM Policy 5:123 - Awareness and Prevention of Child Abuse/Neglect
- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Memorandum of Understanding with The Child Advocacy Center of the 3rd Judicial District
- Tennessee Resource Guide
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- FWBFM Residential Client Handbook - Sex Abuse Prevention
- Grievance Form

Standard 115.352 Exhaustion of administrative remedies

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

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

All grievances of allegations of sexual abuse or sexual assault are reported to DCS for investigation. FWBFM has an administrative grievance process. Clients are given a copy of the client handbook which includes their written client rights procedure, client grievance procedure, and a grievance form at the time of admission. Additionally, grievance forms are located in classrooms and the cottages.

FWBFM investigates all complaints regardless of the timeframe and will endeavor to handle these matters expeditiously,

confidentially and in a professional manner to protect the offended individual and other individuals providing relevant information. At no time does FWBFM require a client to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Clients who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such a grievance is not referred to a staff member who is the subject of the complaint. Clients are offered assistance, as needed, in completing a grievance form. Third parties, including: fellow clients, staff members, family members, attorneys, and outside advocates can assist a client in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of clients. If a client declines to have third-party assistance in filing a grievance alleging sexual abuse, FWBFM will document the client's decision to decline. FWBFM permits a parent/legal guardian of a client to file a grievance alleging sexual abuse, including appeals, on behalf of such client, regardless of whether or not the client agrees to having the grievance filed on their behalf.

A client, parent/legal guardian or third party may file an emergency grievance alleging that a client is subject to a substantial risk of imminent sexual abuse. An emergency grievance regarding alleging substantial risk of imminent sexual abuse requires FWBFM to respond initially within 48 hours and that a final decision by FWBFM be made within 5 days of the filing of the emergency grievance.

A grievance box is located in the foyer of the gym. Completed grievance forms will be placed in the grievance box by clients. The grievance box is checked multiple times during the week and the grievances are given to the Standards and Compliance Coordinator.

The formal review process is identifying if client's rights were violated, as substantiated, unsubstantiated, or unfounded. FWBFM requires that a decision on the merits of any grievance or portion of a grievance with a complaint other than abuse or harassment be made within 2 weeks of the filing of the grievance.

If the grievance involves abuse or harassment of any kind the grievance is immediately reported to DCS. DCS investigates all allegations of sexual abuse and notifies FWBFM upon the conclusion of an investigation, whether an allegation is substantiated, unsubstantiated or unfounded. FWBFM will complete a safety plan for the client or staff involved. If a grievance is not resolved to a client's satisfaction, the client may appeal the grievance to the next level of supervision. A client will not be disciplined for filing a grievance alleging sexual abuse even if it is demonstrated the client filed the grievance in bad faith or gave a false report.

No clients reported sexual abuse, by using the grievance procedure, within the twelve-month audit period.

Interviews

- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- FWBFM Policy 5:122 - Client Grievance
- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 24.5 DOE Youth Grievance Procedures
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- Tennessee Code Annotated 37-1-413
- FWBFM Residential Client Handbook - Client Grievance Procedures
- Grievance Form

Standard 115.353 Resident access to outside confidential support services

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

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

FWBFM provides clients with access to outside victim advocates for emotional support services related to sexual abuse. The facility has a Memorandum of Understanding with The Child Advocacy Center of the 3rd Judicial District for victim advocates and emotional support services related to sexual abuse. Additionally, facility and agency staff are available to provide emotional support services during forensic medical examinations and investigative interviews. Posters with mailing addresses and telephone numbers, including toll free hotline numbers are located throughout the facility. Outside counseling and support services are listed in the Tennessee Resource Guide posted in each cottage. For persons detained solely for civil immigration purposes, immigrant services agency information is made available. FWBFM reports not having any clients detained solely for civil immigration purposes.

FWBFM informs clients, prior to giving them access, of the extent to which such communications will be monitored. Everyone in Tennessee is a mandated reporter. Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 requires all persons to report suspected cases of child abuse or neglect. FWBFM enables reasonable communication between clients and outside support organizations, in as confidential a manner as possible. Telephone calls are monitored with sight, but not sound supervision. Attorneys or their authorized representatives shall be granted confidential access to the clients for the purpose of interviewing, consultation and providing confidential legal services to the clients.

Interviews

- Facility Director
The Campus Supervisors confirmed the facility would provide clients with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- PREA Coordinator
The PREA Coordinator confirmed the facility would provide clients with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- Random Sample of Residents
Interviews with clients revealed they knew where to find the telephone numbers and mailing addresses of outside organizations. With regards to outside emotional support services, most clients acknowledged counseling and therapy would be available and they could make contact when needed. They all were knowledgeable of Tennessee's mandatory reporting law. They all were confident they could see or talk with a lawyer and their guardian if needed. For those clients less familiar with outside support services, the auditor reminded them of the Tennessee Resource Guide posted in their cottage.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- FWBFM Policy 5:107 - Case Management
- FWBFM Policy 5:121 - Client Rights
- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA
- DCS Policy 24.12 Access to Legal Counsel for Youth in Youth Development Centers

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Memorandum of Understanding with The Child Advocacy Center of the 3rd Judicial District
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- FWBFM Residential Client Handbook

Standard 115.354 Third-party reporting

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

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

FWBFM publicly distributes information on how to report client sexual abuse or sexual harassment on behalf of the clients via their website and survey monkey. Third parties, including fellow clients, staff members, family members, attorneys, and outside advocates, can assist a client in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of clients. Third parties, fellow clients, staff members, family members, attorneys, and outside advocates can report client sexual abuse or sexual harassment through phone calls, email, fax, or regular mail.

The FWBFM awareness program is provided to parents/guardians. This program includes information on the detection, reporting, and prevention of child abuse in the agency and in the client's home. This program includes the provision of a letter to parents/guardians indicating reporting procedures. The client's family specialist is responsible for sending/giving this to the guardian and documenting this in the client's case file.

The DCS website lists the Child Abuse Hotline number and provides a secure online system for reporting abuse, Direct link: <https://apps.tn.gov/carat/>. Hotline case managers are available to assist callers in reporting abuse. The information is available in English and Spanish.

Policy

- FWBFM Policy 5:123 - Awareness and Prevention of Child Abuse/Neglect (Awareness Program for Guardians)
- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- PREA Posters (English and Spanish)

Standard 115.361 Staff and agency reporting duties

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

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

Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605 Laws states 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. All allegations of sexual abuse must be reported immediately to the DCS Child Abuse Hotline at 1-877-237-0004. Failure to comply with "duty to report" requirements will result in disciplinary action up to and including termination and/or criminal charges.

All FWBFM staff report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs, retaliation against clients or staff who report such an incident; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to DCS and their supervisors, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Retaliation or negative consequences for reporting sexual abuse or sexual harassment or cooperating with sexual abuse or sexual harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.

Mental health staff are required to report sexual abuse and to the DCS Child Abuse Hotline. They are mandated to follow Duty to Report laws. Mental health staff are required to inform clients at the initiation of services of their duty to report and the limitations of confidentiality.

Upon receiving any allegation of sexual abuse, 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. If the alleged victim is under the guardianship of DCS, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the report is made to the client's attorney or other legal representative of record within 14 days of receiving the allegation. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to the DCS Special Investigations Unit.

Interviews

- Facility Director
The Campus Supervisors confirmed when the facility receives an allegation of sexual abuse the allegation is reported to the DCS Child Abuse Hotline and the victim's legal guardians as appropriate. This notification would occur immediately upon the allegation being received. If a juvenile court retains jurisdiction over the alleged victim, the allegation will be reported to the client's attorney. All allegations of sexual abuse and sexual harassment are referred for an investigation.

- Medical and Mental Health Practitioner
Interviews with mental health staff confirmed they disclose the limitations of confidentiality and their duty to report at the initiation of services to a client. they confirmed they are required by law to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment upon learning of it.
- Random Sample of Staff
All staff interviewed confirmed they are required by law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff interviewed revealed they would report to their immediate supervisor and the DCS Child Abuse Hotline.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605

Standard 115.362 Agency protection duties

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

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

FWBFM requires that upon learning a client is subject to a substantial risk of imminent sexual abuse immediate action shall be taken to protect the client. There were no clients identified as being subject to a substantial risk of imminent sexual abuse within the twelve-month audit period.

Interviews

- Agency Head Designee
The Executive Director of Program Services confirmed immediate action would be taken to protect a client subject to a substantial risk of imminent sexual abuse. These actions would include meeting with the client, developing a safety plan, one-on-one supervision with trusted staff, housing changes and psychological referrals.
- Facility Director
The Campus Supervisors confirmed immediate action would be taken to protect a client subject to a substantial risk of imminent sexual abuse. These actions would include protective custody or moving a client to a single room.
- Random Sample of Staff

All staff interviewed confirmed they would immediately separate the client from the potential perpetrator.

Policy

- FWBFM Policy 5:107 - Case Management
- FWBFM Policy 5:127 - Supervision, Safety, and Well-being of Youth
- FWBFM Policy 5:137 - Behavior Management Plan
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Child Safety Plan

Standard 115.363 Reporting to other confinement facilities

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

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

Upon receiving an allegation that a client was sexually abused while confined at another facility, the head of FWBFM must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred within 72 hours of learning of the allegation and must contact CPS immediately.

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

Interviews

- Agency Head Designee
The Executive Director of Program Services confirmed DCS and the Campus Supervisor would be the points of contact.
- Facility Director
The Campus Supervisors confirmed if FWBFM receives an allegation that a client was sexually abused while at another facility or agency, the head of the facility and DCS would be contacted.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.364 Staff first responder duties

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

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

Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall be required to do the following: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; if the abuse occurred within a time period that still allows for the collection of physical evidence, 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, drinking, or eating.

The DCS Protocol: First Responder Guidelines for Sexual Assaults provides additional in-depth guidelines regarding emergency medical attention, evidence collection, and treating both the victim’s and perpetrator’s bodies as crime scenes to safeguard evidence.

There were no reported sexual abuse allegations that elicited the actions of a first-responder within the twelve-month audit period.

Interviews

- Security Staff and Non-Security Staff First Responders
The staff interviewed was knowledgeable of the steps to take as a first responder to an allegation of sexual abuse.
- Random Sample of Staff
The staff interviewed were knowledgeable of the steps to take as a first responder to an allegation of sexual abuse. All staff interviewed stated they would report to their supervisor and call the DCS Child Abuse Hotline. They said they would not share sensitive information with individuals not involved in the allegation.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.365 Coordinated response

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

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

FWBFM PREA Policy and the DCS Protocol: First Responder Guidelines for Sexual Assaults coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Interviews

- Facility Director
The Campus Supervisors confirmed FWBFM coordinates the actions among first responders, medical and mental health practitioners, investigators and facility leadership.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

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

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

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

FWBFM does not have a collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or of a determination of whether and to PREA Audit Report

what extent discipline is warranted.

Interviews

- Agency Head Designee
The Executive Director of Program Services confirmed FWBFM has not entered or renewed any collective bargaining agreements.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.367 Agency protection against retaliation

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

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

All Personnel must report immediately any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All clients have the right to report privately to their therapist, family specialist, a grievance form, psychologist, administrator, DCS worker, campus supervisor, direct care worker, etc. regarding an incident involving sexual abuse, sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents or any other type of abuse or bullying; All clients and staff will be protected from retaliation by other clients or staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. Potential retaliation is monitored by the Campus Supervisors, administrators, Coordinator of Client Services, Human Resources and the Standards and Compliance Coordinator.

For a period of ninety (90) days following a report, the agency monitors the treatment of a client or staff that made a report, and the client who was reported to be abused, to identify attempts at retaliation or negative consequences and will act immediately to remedy any such actions. Monitoring will include, but not be limited to: (1) client disciplinary reports, housing, or program changes; (2) negative performance reviews or staff reassignments; and (3) periodic status checks of clients. FWBFM will continue monitoring beyond ninety (90) days if evidence indicates a continued need. If any individual involved in a report expresses fear of retaliation, the facility will take appropriate measures to protect that individual. The facility's responsibility to monitor will terminate if the allegation is unsubstantiated.

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

Interviews

- Agency Head Designee

The Executive Director of Program Services stated protective measures would include, separating victims from alleged abusers 1:1 supervision, safety plans, transfers, and staff terminations if applicable.

- Designated Staff Member Charged with Monitoring Retaliation
The PREA Coordinator confirmed measures to protect clients and staff from retaliation would include monitoring, developing a safety plan, and housing changes. She does initiate contact with clients who have reported sexual abuse. Excessive client disciplinary reports, bullying, fighting, and inappropriate comments are some of the things that would be monitored for potential retaliation. She stated monitoring conduct and treatment would continue until a retaliating client or staff are no longer at the facility.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.368 Post-allegation protective custody

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

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

FWBFM does not use segregated housing or isolation to protect a client who is alleged to have suffered sexual abuse. There were no occurrences of the use of segregated housing or isolation to protect a client who is alleged to have suffered sexual abuse within the twelve-month audit period. FWBFM develops a safety plan to protect a client that has suffered sexual abuse.

Interviews

- Facility Director
The Campus Supervisors confirmed FWBFM does not use segregated housing or isolation in response to a client who is alleged to have suffered sexual abuse.

Policy

- FWBFM Policy 5:133 - Restrictive Treatment
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Child Safety Plan

Standard 115.371 Criminal and administrative agency investigations

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

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

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

The DCS Investigator will gather all evidence, review video surveillance footage if available, and interview alleged victims, suspected perpetrators and witnesses. The investigation will include reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigator will not terminate the investigation solely because the victim recants the allegation.

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

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

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

One allegation of staff sexual misconduct was investigated within the twelve-month audit period. The allegation was determined to be unsubstantiated with concerns. The staff member is no longer employed with FWBFM. The facility reported no referrals for criminal investigations during the twelve-month audit period.

Interviews

- DCS Investigator
An interview with the DCS investigator revealed the individual was knowledgeable of DCS investigative procedures. The investigator confirmed DCS is compliant with all aspects of the Criminal and Administrative Agency Investigations standard. If administrative investigations require referral for criminal prosecution, the investigator remains involved in

the process and informs the facility of the progress of the investigation.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 14.3 Screening, Response Priority and Assignment of Child Protective Services Cases
- DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.372 Evidentiary standard for administrative investigations

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

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

A report of child abuse by the alleged perpetrator may be classified as substantiated if there is a preponderance of evidence, in light of the entire record, which substantiated the individual committed physical, severe or child sexual abuse, as defined in Tennessee Code Annotated 37-1-102 or 37-1-602.

Interviews

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

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 14.7 Child Protective Services Investigation Track
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.373 Reporting to residents

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

- Does Not Meet Standard (requires corrective action)

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

After FWBFM is notified from DCS the outcome of the investigation, the client and/or legal guardian will be notified verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by FWBFM if current address is known at that time and will be documented.

DCS requires, following a client’s allegation that a staff member has committed sexual abuse against the client, the client is informed whether: (1) the staff member is no longer posted within the client’s unit; (2) the staff member is no longer employed at the facility; (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a client’s allegation that he has been sexually abused by another client, the victim is informed whenever: (1) the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Interviews

- PREA Coordinator
The PREA Coordinator confirmed she informs clients of investigative outcomes.
- DCS Investigator
The DCS Investigator confirmed the clients are notified of investigative outcomes.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse DCS Policy 14.25 Special Child Protective Services Investigations
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Any employee that violates the facility's sexual abuse and sexual harassment policies will be subject to disciplinary action up to and including termination. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

One allegation of staff sexual misconduct was investigated within the twelve-month audit period. The allegation was determined to be unsubstantiated with concerns. The staff member is no longer employed with FWBFM. The facility reported no referrals for criminal investigations during the twelve-month audit period.

Policy

- FWBFM Policy 3:002 - Sexual and other Unlawful Harassment/Abuse
- FWBFM Policy 3:056 - Progressive Discipline Policy
- FWBFM Policy 3:057 - Resignation or Retirement
- FWBFM Policy 3:059 - Termination of Employment
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Form CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)
- Staff Handbook - Zero Tolerance of Sexual Abuse and Sexual Harassment

Standard 115.377 Corrective action for contractors and volunteers

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

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

Violation of the FWBFM Sexual Abuse/Sexual Harassment policy by any subcontractor will subject that subcontractor to disciplinary action, possibly including dismissal. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by subcontractors who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with clients. FWBFM will take appropriate remedial measures and considers whether to prohibit further contact with clients in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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

Policy

- FWBFM Policy 3:002 - Sexual and Other Unlawful Harassment/Abuse
- FWBFM Policy 5:111 - Contracted Service Delivery
- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 14.6 Child Protective Investigation Team
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

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

Standard 115.378 Disciplinary sanctions for residents

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

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

FWBFM clients are not subject to disciplinary sanctions but, consequences from the DCS and external law enforcement following an administrative finding that the client engaged in youth-on-youth sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse.

FWBFM prohibits all sexual activity between clients and will contact CPS if clients are caught having any type of sexual activity with another client or staff. FWBFM does not subject disciplinary sanctions but, consequences from the Department of Children's Services and external law enforcement.

FWBFM offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and considers whether to require the offending client to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Interviews

- Facility Director
The Campus Supervisors confirmed that FWBFM follows a therapeutic approach for administrative finding that a client has engaged in youth-on-youth sexual abuse. Isolation would not be used as a disciplinary sanction.

Policy

- FWBFM Policy 3.136.1 - Disciplinary Policy/Positive Reinforcement
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

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

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

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

If screening or assessments indicates that a client has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, FWBFM will ensure that the client is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening. The same follow-up meeting would be offered to a perpetrator within fourteen (14) days of the intake screening.

Interviews

- Staff Responsible for Risk Screening
The Family Specialist confirmed if screening indicates that a client has experienced prior sexual victimization, whether in an institutional setting or in the community, a follow-up meeting is offered with a medical or mental health practitioner. She confirmed the follow-up meeting would occur within 14 days. She confirmed the same follow-up meeting would be offered to a perpetrator.
- Medical and Mental Health Staff
The psychologist interviewed confirmed he would obtain informed consent from clients who are 18 or over before reporting about prior sexual victimization that did not occur in an institutional setting. The psychologist revealed automatic informed consent is obtained during intake.
- Residents Who Disclose Sexual Victimization at Screening
One (1) client was identified during the on-site audit as disclosing prior sexual victimization during the initial screening. The client was offered a follow-up meeting and is currently participating in therapy arranged by his DCS Caseworker.

Policy

- FWBFM Policy 5:107 - Case Management
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.382 Access to emergency medical and mental health services

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

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

FWBFM provides client victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services through a MOU with The Child Advocacy Center of the 3rd Judicial District. Clients are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising.

Interviews

- Security and Non-Security First Responders
The staff member interviewed as a first responder could identify the measures they would take to protect a victim of sexual abuse.
- Medical and Mental Health Staff
The psychologist interviewed confirmed clients who have been a victim of sexual abuse would immediately receive access to emergency medical treatment and crisis intervention services.
- Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- FWBFM Policy 5:107 - Case Management
- FWBFM Policy 5:123 - Awareness and Prevention of Child Abuse/Neglect
- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- FWBFM Policy 5:127 - Supervision, Safety, and Well-being of Youth
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- MOU with The Child Advocacy Center of the 3rd Judicial District
- The Child Advocacy Center of the 3rd Judicial District Website

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

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

- Does Not Meet Standard (requires corrective action)

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

FWBFM offers medical and mental health evaluations and, as appropriate, treatment to all clients who have been victimized by sexual abuse. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Client victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are without financial cost to the victim.

Interviews

- o Medical and Mental Health Staff
The psychologist interviewed confirmed clients who have been victimized would be referred for follow-up medical and mental health services.
- o Residents who Reported a Sexual Abuse
There were no clients who reported a sexual abuse allegation.

Policy

- o FWBFM Policy 5:127 - Supervision, Safety, and Well-being of Youth
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

Standard 115.386 Sexual abuse incident reviews

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

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

FWBFM conducts a sexual abuse incident review (CPS debriefing) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and mental health practitioners. Sexual abuse allegations are also discussed weekly at treatment team meetings. Therapists, Psychologist, Executive Director of Program Services, Family Specialists, Residential Coordinator, and Campus Supervisors participate in the treatment team meetings. Quarterly meetings, Process Improvement (PI) Meetings involve the FWBFM Chief Operating Officer in addition to the weekly treatment team members. FWBFM added a third level of review to be fully be following the standard requirements. The agency implemented a form, Sexual Incident Review, to effectively demonstrate completion of sexual abuse PREA Audit Report

incident reviews.

Interviews

- Facility Director
The Campus Supervisors confirmed FWBFM has a sexual abuse incident review team. The team includes input from line supervisors, investigators, and mental health practitioners. They stated the team would use information from the incident review to review policy and training. They confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be assessed.
- Incident Review Team Member
The PREA Coordinator confirmed all motivating factors would be considered, the area in the facility where the incident occurred would be examined to assess whether physical barriers in the area may enable abuse, staffing levels would be assessed, and video surveillance would be assessed.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Sexual Incident Review form

Standard 115.387 Data collection

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

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

FWBFM collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. FWBFM aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization. Upon request, FWBFM provides all such data from the previous calendar year to the Department of Justice no later than August 15th. FWBFM has not been requested to do so.

Policy

- FWBFM Policy 5:124 - Reporting and Investigation of Alleged Child Sexual Abuse
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Survey of Sexual Victimization form

Standard 115.388 Data review for corrective action

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

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

FWBFM reviews 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. The report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of FWBFM’s progress in addressing sexual abuse. The report is approved by the CEO or designee and made readily available to the public through the website. FWBFM 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 the nature of the material redacted is indicated.

Interviews

- Agency Head Designee
The Executive Director of Program Services confirmed incident-based sexual abuse data is used to improve sexual abuse prevention and detection. She said she would review the data, look for areas in need of improvement, and any trends.
- PREA Coordinator
The PREA Coordinator confirmed FWBFM reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies, and training. The data is securely retained and corrective actions are taken as needed. The FWBFM report is posted on the website.

Policy

- FWBFM Policy 6:001 – Process Improvement Program (PI)
- FWBFM Policy 6:002 – Policy Improvement Procedures/Indicators
- DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Survey of Sexual Victimization
- FWBFM Annual PREA Report

Standard 115.389 Data storage, publication, and destruction

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

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

FWBFM ensures that incident-based and aggregate data are securely retained. All aggregated sexual abuse data is placed on the agency website annually for the public to view and there are no personal identifiers in the information. FWBFM maintains sexual abuse data collected for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.

Policy

- o FWBFM Policy 6:002 – Policy Improvement Procedures/Indicators
- o DCS Policy 18.8 Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and PREA

Supporting Documentation

- o PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- o FWBFM Annual PREA Report

AUDITOR CERTIFICATION

I certify that:

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

Robert Burns Latham

August 14, 2017

Auditor Signature

Date