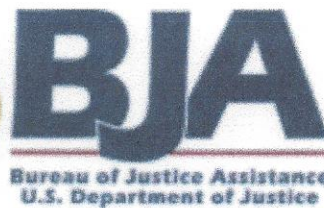


# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



**Name of Facility:** Memphis Recovery Center Youth Development Program

**Physical Address:** 1234 Poplar Avenue, Memphis, TN 38104

**Date report submitted:** December 30, 2014

**Auditor information:** Dorothy Xanos

**Address:** 914 Gasparilla Dr. NE, St. Petersburg, Florida 33702

**Email:** dxconsultants@gmail.com

**Telephone number:** (813) 918-1088

**Date of facility visit:** August 18, 2014

### Facility Information

**Facility Mailing Address:** 219 N. Montgomery St. Memphis, TN 38104

*(if different from above)*

**Telephone Number:** (901) 272-7751

<b>The Facility is:</b>	Military	County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	Other:

**Name of PREA** ☐ **Compliance Manager:** ☐ Detra Hopkins ☐ **Title:** Treatment Coordinator

**Email Address:** dhopkins@memphisrecovery.com

**Telephone Number:** (901) 272-7751

### Agency Information

**Name of Agency:** Memphis Recovery Center (MRC)

**Governing Authority or Parent Agency:** *(if applicable)* MRC Board of Directors

**Physical Address:** 1234 Poplar Avenue, Memphis, TN 38104

**Mailing Address:** *(If different from above)* 219 N. Montgomery St. Memphis, TN 38104

**Telephone Number:** (901) 272-7751

### Agency Chief Executive Officer

<b>Name:</b> Michael McLoughlin	<b>Title:</b> CEO/President
<b>Email Address:</b> mikem@memphisrecovery.com	<b>Telephone Number:</b> (901) 272-7751

### Agency Wide PREA Coordinator

<b>Name:</b> William Saulsberry	<b>Title:</b> Program Director
<b>Email Address:</b> wsaulsberry@memphisrecovery.com	<b>Telephone Number:</b> (901) 272-7751

# AUDIT FINDINGS

## **NARRATIVE:**

Memphis Recovery Center Youth Development Program (MRCYDP) is a 20 bed secure moderate care male residential treatment program governed by the Memphis Recovery Center Board of Directors contracted with the State of Tennessee Department of Children's Services (DCS). The program provides services for young men who have been referred by DCS. The length of stay in the program is based upon residents completing their individual treatment goals and program expectations; however, the average length of stay is three to six months. In conjunction with the DCS Staff and MRC YDP Counselor determines resident's treatment needs and ensures continuity of treatment services from intake to release.

The facility employs thirty-one (31) full-time staff. The medical director, licensed practical nurses and psychologist provide and address the resident's medical and mental health needs. There are ten (10) direct care staff and six (6) counselors that form treatment teams which provide constant supervision and program activities for the residents.

Memphis Recovery Centers YDP provides professional treatment of drug and alcohol dependency for teens in a caring and confidential atmosphere. The facility staff supports those who experience co-occurring mental illness and substance use disorders, by integrating dual diagnosis treatment into the program. The facility is committed to providing comprehensive treatment services to youth and their families who are experiencing major life problems due to the abuse of alcohol or other addictive drugs.

The facility staff provides a resident with a variety of treatment activities including weekly individual counseling; comprehensive, individualized strength-based and goal oriented treatment planning; group therapy 4x per week; multi-family therapy 2x week; individual family sessions as needed; weekly life skills and anger management classes; weekly music and art therapy; daily twelve-step recovery meetings; and an on campus school. The facility programs use an intensive family component, behavioral modification program, evidenced based treatment model, and multiple counseling modalities. Following treatment, each family is provided with a six (6) month aftercare program intended to aid in the transition of each resident from treatment and back into their home and community. In addition, MRC quality assurance measures serve to ensure that therapeutic interventions are empirically based and specific to the issues that are presented. By providing a continuum of skill-building and interventions, treatment is intended to return the individual to an acceptable level of spiritual, physical, emotional, social and occupational functioning.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Memphis Recovery Center Youth Development Program is located in Memphis, Tennessee. The home was purchased in 1979 and evolved from a volunteer nonprofessional program into a highly structured residential treatment program for young adult addicts. MRC YDP works with teenage male youth from ages 13-17 years old. MRC YDP has a total of two (2) buildings on the grounds. The administrative building contains the three (3) administrative offices, two (2) classrooms and a family and group therapy room. The other building has staff/lobby area, multipurpose room, kitchen and dining areas, and storage closets. The school operates with three (3) certified teachers and provides state accredited educational services for the youth. This allows youth to continue their education while receiving assistance and support with their treatment needs while at the program. The credits they earn towards graduation can transfer back to their public school if that is part of their individualized treatment plan. The school is equipped with a full service library including technological equipment to enhance student learning. There are three (3) bedrooms and three (3) bathrooms. Each bedroom has an open bay style of living where beds are arranged in a manner to allow for constant supervision by the direct care staff, and a laundry room.

## **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on July 7, 2014, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the family and group therapy session area and the staff/lobby area. The Pre-Audit Questionnaire, policies and supporting documentation were received on July 29, 2014. The documents, which were uploaded to a UBS flash drive, contained minimal information. The initial review revealed the need for corrective action in regard to the Pre-Audit Questionnaire and some policies and procedures which did not sufficiently address standards and for some standards adequate documentation was not provided. After a discussion with the PREA Coordinator, this was corrected and the corrected information was sent on August 7, 2014. After providing a list of noted concerns, the PREA Coordinator advised the documents needed would be provided during the on-site visit. Specific corrective actions taken to address some of the deficiencies are summarized in this report under the related standard.

The on-site audit was conducted on August 18, 2014. After meeting with the PREA Coordinator and Program Director, a complete guided tour of the facility was conducted. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. There was information regarding PREA posted in the family and group therapy session area and the staff/lobby area. During the one (1) day on-site visit, twelve (12) staff including those from all three (3) shifts were interviewed. Overall, the interviews revealed most of the staff is knowledgeable of PREA standards and were able to articulate their responsibilities. Five (5) residents were also interviewed. Residents seemed to be informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides. The community victims' advocacy service, Shelby County Rape Crisis Center was not contacted to verify the scope of services provided as specified in the Memorandum of Understanding (MOU) since the PREA Coordinator was in the process of obtaining this service.

An updated corrective action plan was developed, with input from the newly appointed PREA Coordinator and finalized on October 31, 2014, specifying the minimum remedial steps to be taken to comply with PREA standards. All non-compliance issues were addressed during a corrective action period (between October 5 and November 24, 2014). All corrective steps were implemented and verified as specified in the corrective action plan and indicated in this report under the related standard. The facility was found to be in compliance with all applicable standards.

Number of standards exceeded: **0**

Number of standards met: **39**

Number of standards not met: **0**

Number of standards Not Applicable: **2**

**Standard 115.311: Zero tolerance of sexual abuse and sexual harassment.**

- ☐ 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 Comments:**

The initial review of State of Tennessee, Department of Children's Services Policy 18.8 (PREA) and MRC's PREA policy revealed the policy outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Additionally, the policy provided strategies and responses for reducing and preventing sexual abuse and harassment of residents. The DCS policy is in compliance with the standard; however, MRC's policy requires some additional information that will be mentioned in the other standards. MRC has a designated PREA Coordinator who has sufficient time and authority to develop, implement and oversees one (1) PREA Compliance Manager with the full support from their main office. The Program Director, who also serves as the PREA Compliance Manager, has sufficient time to oversee the facility's PREA compliance efforts and perform other duties.

**Standard 115.312: Contract 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 Comments:**

MRC has entered into/renewed two (2) contracts for confinement of residents in the past twelve (12) months. These contractors are monitored by MRC to ensure compliance with the PREA standards.

**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 Comments:**

MRC Policy did not reveal nor identify specific staffing ratios of 1:8 during resident waking hours and 1:16 during resident sleeping hours; however, the practice in the facility exceeds the requirement of the standard. The facility's minimum staff ratio is 1:5 during wake hours and 1:8

during sleep hours. During the initial documentation review, the facility's staffing plan was developed but had not been implemented; therefore there was no documentation of an annual review of the staffing plan. MRC Youth Development Center is a secure group home and utilizes constant staff monitoring to protect the residents from sexual abuse and harassment. The Program Director conducts and documents unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment.

During the corrective action period, the PREA Coordinator provided documentation of the updated staffing plan and implemented a method to document deviations and the reason for the deviations of the staffing plan. The MRC policy and procedure was updated to include the information on how to document and the reason for the deviations from the staffing plan. Additionally, the facility form was updated and documentation was provided on unannounced rounds being conducted on all shifts and in all areas of the facility.

#### **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 Comments:**

The initial review of DCS Core Standards revealed procedures on pat down searches; however, there was no information in the facility's policy prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status and staff interviews verified compliance. Additionally, the policy did not indicate any information on prohibiting cross-gender strip searches, or pat down searches of youth, except in exigent circumstances or prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. This policy limits pat-down searches to same gender staff absent exigent circumstances. This was verified during interviews with staff and residents. There were no cross-gender pat-down searches conducted during the past 12 months. Staff training records and staff interviews confirmed received training on pat down searches but not on cross-gender pat searches and searches of transgender and intersex residents. Also staff interviews revealed they are not allowed to touch the youth. Staff and resident interviews indicated that female staff entering the dorm area do not always announce themselves. Staff and youth interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them.

During the corrective action period, the PREA Coordinator provided documentation of the revised MRC policy and procedure to include the information on prohibition of cross-gender pat (frisk) searches except in exigent circumstances and that visual body cavity searches are not conducted at the facility.

#### **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 Comments:**

MRC policy did not contain procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy did not indicate the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents' safety. The PREA Coordinator did not have any contracts to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. MRC Youth Program Patient Packet contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth.

During the corrective action period, the PREA Coordinator provided documentation of the revised MRC policy and procedure to include this standard's required information. Also documentation was provided of the interpreter services that will be provided at the facility.

**Standard 115.317: Hiring and promotion decisions**

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

**Auditor Comments:**

MRC policy contained most of the elements required by this standard and all background checks are conducted annually on current employees. Staff files and interview with HR representative confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, volunteers who have contact with residents have documented criminal background checks. MRC has extensive background screening requirements; however, the previous misconduct (section a) language located in this standard was missing in their employee application and any other documentation that is used for interviews or written self-evaluations.

**Standard 115.318: Upgrades to facilities and technology**

- ☐ 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)
- ☒ Does Not Apply

**Auditor Comments:**

MRC has not acquired any new facilities since August 20, 2012 and the facility does use a form of technology to monitor residents or the physical plant.

**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 Comments:**

Initial review of DCS Policy 18.8 (PREA) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. There is no evidence of efforts of MRC obtaining a Memorandum of Understanding with Shelby County Rape Crisis Center to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. Interview with PREA Coordinator indicated that the medical examiners at Shelby County Rape Crisis Center are SANE certified. DCS Child Protective Services (CPS) investigates allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. CPS will contact the appropriate local law enforcement agency to co-investigate. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. Staff interviews confirmed limited knowledge on who conducts the sexual abuse investigations.

During the corrective action period, the PREA Coordinator provided documentation of the efforts to obtain the Memorandum of Understanding with Shelby County Rape Crisis Center. Also, the victim advocate was identified; the information was posted and provided to the residents.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires staff to refer all allegations of sexual abuse and sexual harassment to the DCS Child Abuse Hotline. DCS Special Child Protective Services (SCPS) will contact the appropriate law enforcement agency and co-investigate the allegations. There was one (1) allegation of sexual abuse or sexual harassment in the past 12 months. Interviews with the Program Director and other staff verified their knowledge of the policy's requirements.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy, the training curriculum, staff training records and staff interviews revealed staff receives PREA training during initial training and annually during refresher training. Specific topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male resident population. All employees are trained as new hires regardless of their previous experience. Employees training records are maintained electronically and comprehension of PREA training was verified during staff interviews.

**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 Comments:**

DCS policy 18.8 (PREA) requires volunteers and contractors who have contact with residents to receive PREA training. The policy requires the appropriate supervisor to provide training to the volunteer/contractor and the training is documented. However, the training was limited and a corrective action will be taken by adding additional information to the form. Volunteers and contractors sign documentation acknowledging that they understand the training they received. An interview with a contracted nurse confirmed her knowledge of the PREA training.

**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 Comments:**

DCS policies 18.8 (PREA) requires residents to receive training information regarding safety, their rights and how to report sexual abuse and harassment within 48 hours upon arrival. However, the facility staff provides the residents with this information immediately upon arrival. Residents are provided a handout entitled "MRC Youth Program Patient Packet" which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. During intake, staff reviews the handout with the residents and residents sign verifying receipt of the information. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. Staff presents PREA information in a manner that is accessible to all residents.

**Standard 115.334: Specialized training: Investigations**

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

**Auditor Comments:**

MRC does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement is provided by Department of Children's Services.

**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 Comments:**

DCS policy 18.8 (PREA) requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health staff received the basic PREA training provided to all staff. An interview with the psychologist indicated he had completed specialized training regarding sexual abuse and

sexual harassment. An interview with the nurse indicated she had received the basic PREA training but not specialized PREA training. The nurse does not conduct forensic examinations.

During the corrective action period, the PREA Coordinator provided documentation of the medical and mental health staff participation in specialized PREA training as required by this standard.

#### **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 Comments:**

DCS policies 18.8 (PREA) requires staff to screen each resident for risk of victimization upon admission to the program and requires staff to reassess residents every six months thereafter. DCS and MRC Policies limits staff access to this information on a "need to know basis". Resident interviews and the documentation revealed that risk screenings are being conducted. Staff interviews confirmed a screening is completed on each resident upon admission at the program.

#### **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 Comments:**

DCS policy 18.8 (PREA) precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit. Staff interviews also verified compliance with this standard. The DCS Assessment, Checklist and Protocol for Behavior and Risk for Victimization screening form may be used to determine a resident's dorm or bed assignment to ensure resident's safety. The program does not utilize isolation for residents. MRCYDP has three (3) bedrooms with open bay style housing with five to eight beds in each room.

#### **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 Comments:**

DCS policy 18.8 (PREA) and MRC policy provides multiple internal ways for residents to report sexual abuse and harassment including advising an administrator, a staff member, and a Director of Customer Relations. While touring the entire program it was observed that the family and group therapy session area and the staff/lobby area had PREA materials including posters and brochures. Upon inquiring about how residents are able to call the hotline or victims advocate, resident interviews explained that they have to seek permission from staff to call the hotline or the victims advocate. However, the staff provides a telephone line located in the family and group therapy session area that allows the youth to report privately. Additionally, the staff provides residents with the address for Shelby County Rape Crisis Center so they can write to them. Most resident and staff interviews along with the resident's handbook and posted signs verified compliance with this standard.

**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 Comments:**

MRC does not have administrative procedures for dealing with resident's grievances regarding sexual abuse or harassment. However, residents may provide a written complaint or telephone call to the Director of Customer Relations. There has been one (1) complaint relating to sexual abuse or sexual harassment received in the past 12 months. Staff and resident interviews confirmed their knowledge of how to contact the Director of Customer Relations to report sexual abuse or sexual harassment.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy ensures that residents are provided access to outside confidential support services. There is no evidence of efforts of MRC obtaining Memorandum of Understanding with Shelby County Rape Crisis Center to provide confidential emotional support to residents who are victims of sexual abuse and forensic

exams. Interview with PREA Coordinator indicated that she is in the process of obtaining a MOU with the Shelby County Rape Crisis Center. Most resident interviews revealed they are knowledgeable of how to access this service and they were able to describe services offered.

#### **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 Comments:**

DCS's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, parents/guardians receive information regarding third-party reporting. Most resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

#### **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 Comments:**

All MRCYDP staff are mandated reporters as required by DCS Policy 18.8 (PREA) and MRC policy to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews also assisted to confirm the program's compliance with this standard. An interview with the nurse confirmed her responsibility to inform residents under 18 years old of her duty to report and limitations of confidentiality.

#### **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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Interviews with the Program Director and other random staff verified compliance with this standard.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires the Program Director to notify the Program Director of the other facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility. MRCYDP has received no allegations that a resident was abused while confined at another facility nor were there any allegations received from another facility during the past 12 months.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There was one (1) allegation of sexual abuse during the past 12 months. Random staff and first responder interviews revealed considerable knowledge of actions to be taken upon learning that a resident was sexually abused.

**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 Comments:**

DCS Policy 18.8 (PREA) identifies that a written facility plan should be developed to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and assistant regional administrator. Interviews with the Program Director and other staff revealed that they are knowledgeable of their duties in response to a sexual assault; however, there was no documentation of a staff response plan.

During the corrective action period, the PREA Coordinator provided documentation of a coordinated staff response plan for the facility.

**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)



Does Not Apply

**Auditor Comments:**

MRC is not a collective bargaining agency therefore this standard is not applicable.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Program Director is responsible with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months.

**Standard 115.368: Post allegation protective custody**

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

**Auditor Comments:**

MRC policy provides guidelines for changing the location of a resident to another facility as a last measure to keep residents who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. MRCYDP does not have isolation rooms. One (1) resident had alleged sexual abuse in the past 12 months and was transferred to another MRC facility.

**Standard 115.371: Criminal and administrative agency investigations**

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

**Auditor Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires staff to report allegations of sexual abuse to the hotline. DCS Special Child Protective Services (depending on the age of the resident) will co-investigate with the appropriate local law enforcement agency. There has been one (1) investigation of alleged resident sexual abuse that occurred in this facility in the past 12 months. The resident was transferred to another MRC facility.

**Standard 115.372 Evidentiary standards 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 Comments:**

DCS Policy 18.8 (PREA) states a standard of preponderance of evidence or lower standard of proof is used for determining if allegations are substantiated.

**Standard 115.373: Reporting to residents**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor Comments:**

DCS Policy 18.8 (PREA) indicates the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. There was one (1) criminal or administrative investigation during the past 12 months. There was no documentation provided of the alleged allegation of sexual abuse. An interview with the Program Director confirmed his knowledgeable of the reporting process.

During the corrective action period, the PREA Coordinator provided documentation of the investigation of the alleged resident sexual abuse in the facility that was completed by an outside agency.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policies also mandate that the violation be reported to law enforcement. No employees have been terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal

and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Program Director. There have been no volunteers or contractors reported in the past 12 months.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy mandates that any resident found in violation of the facility's zero tolerance policy against sexual abuse, assault, conduct or harassment will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy indicates that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the medical and mental health screening. Both the facility nurse and psychologist interviews confirmed compliance with this standard.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse. There has been one (1) victim of alleged sexual abuse in the past 12 months that occurred at this facility. The nurse's interview confirmed that documentation would be included in the resident's medical record as required by the policy.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policies require the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Shelby County Rape Crisis Center where they will receive treatment and where physical evidence can be gathered by certified SANE medical examiner. There had been one (1) sexual assault victim in the past 12 months; the nurse's interview confirmed procedures are in place.

**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 Comments:**

DCS Policy 18.8 (PREA) and MRC policy requires a Sexual Abuse Incident Review of every sexual abuse allegation within 30 days of the conclusion of the investigation. There was no documentation of the alleged criminal investigation; however, staff interviews confirmed the facility would document their review of this alleged criminal investigation.

**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 Comments:**

DCS Policy 18.8 (PREA) requires the collection of accurate, uniform data for every allegation of sexual assault. The PREA Coordinator collects all data relating to PREA. MRC has data collection but there was no indication that it complied with the U.S. Department of Justice Survey of Sexual Abuse Violence. Additionally, there was no documentation of an annual report in accordance to this standard.

During the corrective action period, the PREA Coordinator provided documentation of the revised MRC PREA policy and procedure to include the requirements of a standardized instrument and set of definitions for collecting data for every allegation of sexual abuse.

**Standard 115.388: Data review for corrective action**

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

**Auditor Comments:**

There had been one (1) sexual abuse allegation within the past 12 months; however, DCS Policy 18.8 (PREA) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training.

During the corrective action period, the PREA Coordinator provided documentation of MRC's annual report and the corrective action plan. Also, documentation was provided that the annual report is available to the public on MRC's website.

**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 Comments:**

DCS Policy 18.8 (PREA) requires that data is collected and securely retained for 10 years. There was no documentation of aggregated sexual abuse data to review and to check if all personal identifiers were removed.

During the corrective action period, the PREA Coordinator provided documentation to support aggregated sexual abuse data is reviewed and all personal identifiers are removed.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.



**Auditor Signature**

December 23, 2014