

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

**Date of report:** August 5, 2017

|   |  |   |   |
|---|--|---|---|
| <b>Auditor Information</b>  |  |   |   |
| <b>Auditor name:</b> Robert Latham  |  |   |   |
| <b>Address:</b> 677 Idlewild Circle, Birmingham, Alabama, 35205   |  |   |   |
| <b>Email:</b> robertblatham@icloud.com  |  |   |   |
| <b>Telephone number:</b> (205) 746-1905   |  |   |   |
| <b>Date of facility visit:</b> June 22, 2017  |  |   |   |
| <b>Facility Information</b>   |  |   |   |
| <b>Facility name:</b> Memphis Recovery Centers Youth Development Program (MRC YDP)                                      |  |   |   |
| <b>Facility physical address:</b> 1234 Poplar Avenue, Memphis, Tennessee 38104  |  |   |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i> 219 North Montgomery Street, Memphis, Tennessee 38104 |  |   |   |
| <b>Facility telephone number:</b> (901) 272-7751  |  |   |   |
| <b>The facility is:</b>   | <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         |   |   |
| <b>Facility type:</b>   | <input type="checkbox"/> Correctional                              | <input type="checkbox"/> Detention                    | <input checked="" type="checkbox"/> Other<br>A&D Treatment Center |
|   | <b>Name of facility's Chief Executive Officer:</b> Antonio Hampton |   |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 31   |  |   |   |
| <b>Designed facility capacity:</b> 20   |  |   |   |
| <b>Current population of facility:</b> 18   |  |   |   |
| <b>Facility security levels/inmate custody levels:</b> Level III  |  |   |   |
| <b>Age range of the population:</b> 13-17   |  |   |   |
| <b>Name of PREA Compliance Manager:</b> Antonio Hampton   |  | <b>Title:</b> Program Manager/PREA Compliance Manager |   |
| <b>Email address:</b> ahampton@memphisrecovery.com  |  | <b>Telephone number:</b> (901) 272-7751               |   |
| <b>Agency Information</b>   |  |   |   |
| <b>Name of agency:</b> Memphis Recovery Centers, Inc.   |  |   |   |
| <b>Governing authority or parent agency:</b> <i>(if applicable)</i> Memphis Recovery Centers Board of Directors         |  |   |   |
| <b>Physical address:</b> 219 North Montgomery Street, Memphis, Tennessee 38104  |  |   |   |
| <b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>                      |  |   |   |
| <b>Telephone number:</b> (901) 272-7751   |  |   |   |
| <b>Agency Chief Executive Officer</b>   |  |   |   |
| <b>Name:</b> Michael McLoughlin   |  | <b>Title:</b> President/CEO                           |   |
| <b>Email address:</b> mikem@memphisrecovery.com   |  | <b>Telephone number:</b> (901) 272-7751               |   |
| <b>Agency-Wide PREA Coordinator</b>   |  |   |   |
| <b>Name:</b> William Saulsberry   |  | <b>Title:</b> Director of Program Operations          |   |
| <b>Email address:</b> wsaulsberry@memphisrecovery.com   |  | <b>Telephone number:</b> (901) 272-7751               |   |

## **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 provided photographs of the posted audit notices for confirmation. A flash drive containing the Memphis Recovery Centers Youth Development Program (MRC YDP) Pre-Audit Questionnaire, DCS policies, MRC policies, the MRC mission statement, and documentation to support each standard was provided to the auditor. 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 June 22, 2017. After introductions and discussing the agenda for the day, the auditor proceeded with the facility tour accompanied by the YDP Program Manager and MRC Director of Program Operations.

All areas of the facility were toured, including: bedrooms, multi-purpose area /dining area, classrooms, administration, kitchen, intake, etc. The auditor noted staff supervising the residents and supervision was augmented by the strategic location of cameras. All areas not accessible to the residents were locked.

PREA posters were located throughout the facility. The posters contained important PREA information, the DCS Child Abuse Hotline number, and the hotline telephone number and mailing address for the Shelby County Rape Crisis Center. Information was provided for internal and external ways to report allegations of sexual abuse and sexual harassment and how to access community based services. Grievance boxes were in areas accessible to the residents.

Following the tour, the auditor began interviewing staff and residents. During the on-site audit and by telephone afterward, the auditor interviewed the MRC Director of Program Operations, MRC PREA Coordinator, YDP PREA Compliance Manager/Program Manager, twelve (12) specialized staff, ten (10) randomly selected staff from all shifts, and ten (10) randomly selected residents. A total of thirty-six (36) interviews were conducted.

An exit briefing was conducted with the MRC Director of Program Operations and YDP Program Manager.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Memphis Recovery Centers Youth Development Program (MRC YDP) is located in Memphis, Tennessee. Memphis Recovery Centers YDP is located in one of two historic generational homes. The facility is a twenty (20) bed Level III residential treatment program for male youth age 13-17 years old. The facility consists of two (2) buildings. The administration building has three (3) administrative offices, two (2) classrooms, and a room for family and group therapy. The historic home consists of three (3) bedrooms, three (3) bathrooms, a multipurpose room, kitchen, dining room, laundry room, and storage closets.

MRC provides youth-focused addiction treatment approaches, which include:

- Individual counseling
- Group and family therapy
- Life skills training
- Anger management classes
- Drug and alcohol education classes for patients and family
- Music and art therapy
- MRC also provides a broad spectrum of assessments and information for parents and involved family.
- In-house school (Transitions Learning Center)

MRC operates an in-house school for youth in treatment. The school, known as Transitions Learning Center (TLC), provides a traditional classroom setting with low patient-staff ratios that enables youth to excel in an academic environment. MRC communicates directly with outside public and private schools and other primary treatment providers to offer an added resource for balancing treatment planning and academics. Continuing resident's education not only helps bring students up to speed, but also prevents interruption of their academic objectives.

## **SUMMARY OF AUDIT FINDINGS**

The on-site audit of the Memphis Recovery Centers Youth Development Program (MRC YDP), located in Shelby County Tennessee, was completed June 22, 2017. The results indicate Memphis Recovery Centers YDP exceeded zero (0) standard; met forty-one (41) standards; zero (0) standards were not met; and zero (0) standards were not applicable.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

## **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.**

MRC and DCS are committed to a zero-tolerance standard for all forms of sexual abuse, sexual assault, sexual misconduct, sexual harassment or rape. MRC are committed to reducing the risk of sexual abuse, sexual harassment, sexual assault, sexual misconduct and rape through implementation of the Prison Rape Elimination Act (PREA) of 2003 as outlined in Public Law 108-79, Section 3.

Policy outlines implementation of the zero-tolerance approach to preventing, detecting and responding to sexual abuse, sexual assault, sexual misconduct, sexual harassment, or rape. Definitions of prohibited behaviors are found in a glossary at the end of the policy. DCS Policy 4.9 includes sanctions for those found to have participated in prohibited behaviors.

Policy is inclusive of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The PREA Coordinator is identified in the MRC organizational chart. The PREA Compliance Manager is identified in the Memphis Recovery Centers YDP organizational chart.

### **Interviews**

- 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. She reports to the Director of Program Operations.
- Facility PREA Compliance Manager  
The Program Manager confirmed he has sufficient time and authority to coordinate facility efforts to comply with the PREA Juvenile Standards.

### **Policy**

- MRC Policy - Prison Rape Elimination Act (PREA)
- DCS Policy 4.9 – Employee disciplinary Actions and Mediation Process
- 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
- MRC Organizational Chart
- Memphis Recovery Centers YDP 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 MRC requires compliance with the PREA Juvenile Standards. The contract provides for monitoring to ensure continued compliance. MRC does not contract with additional entities for housing juveniles.

**Policy**

- 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 DCS Contract PREA Requirements

**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.**

MRC provides for adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse and sexual harassment. The staffing plan is based upon a ratio of 1:5 during waking hours and 1:8 during sleeping hours. Any deviations from the ratio or plan must be approved by the Program Director. Documentation of deviations should be noted on Hourly Census forms and signed by the Program Director or Treatment Coordinator. A work schedule is posted in the Staff Log to ensure adequate staffing during each shift. There were no deviations from the staffing plan during the twelve-month audit period.

Intermediate-level or higher-level supervisors randomly conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. When conducting announced rounds, supervisors indicate on the Hourly Census forms the completion of each round. The rounds include name of staff; date; time; identification of building; and comments. This policy and practice is required for night shifts as well as day shifts. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of Memphis Recovery Centers YDP. The PREA Compliance Manager and/or PREA Coordinator conduct the unannounced rounds weekly.

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 residents 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

### **Interviews**

- Superintendent  
The interview with the Director of Program Operations confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels and ratios of 1:5 during waking hours and 1:8 during sleeping hours to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. The Director of Program Operations confirmed all aspects of the standard are considered in developing the plan. The Director of Program Operations 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.
- Facility PREA Compliance Manager  
The Program Manager confirmed that when assessing adequate staffing levels and the need for video monitoring, the assessment of the facility staffing plan considers all factors required by the standard.
- 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**

- MRC Policy - Staffing Plan & Security Precautions
- 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
- Annual Staffing Plan Assessment
- Hourly Census – Unannounced Rounds

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy requires residents at Memphis Recovery Centers YDP are searched by male staff. Facility staff don’t conduct pat-down searches and cross-gender searches are prohibited. All searches are minimally invasive visual searches. Facility policies and procedures enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Residents shower, perform bodily functions, and change clothing separately in a private bathroom. Facility policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. Staff members are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Transgender or intersex youth may request accommodations regarding the gender of staff conducting a search.

No residents 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 have received training on how 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 residents. They reported being restricted from doing pat-down searches. All staff interviewed confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.
- Random Sample of Residents  
Resident interviews confirmed female staff announce their presence when entering the housing units. All residents interviewed confirmed only male staff perform searches. All residents interviewed confirmed they are never naked in full view of staff female staff.
- Transgender or Intersex Residents  
No residents identified as transgender or intersex.

### **Policy**

- 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
- DCS Policy 27.38.DOE Youth Supervision
- DCS Policy 27.39 Use of Showers and Restrooms
- DCS Policy 31.4 Search Procedures

### **Supporting Documentation**

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities

## **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.**

Memphis Recovery Centers YDP ensures that residents with physical and/or mental disabilities are instructed on the facility’s efforts to prevent, detect and respond to sexual abuse and harassment. Staff assist in meeting this requirement by reading the facility’s PREA policy to vision impaired residents. MRC teachers/educational staff are also available to instruct residents with learning disabilities.

Memphis Recovery Centers YDP ensures residents who are limited English proficient are instructed on the facility’s efforts to prevent, detect and respond to sexual abuse and harassment. MRC utilizes outside interpreters as needed to meet the needs of each resident. MRC provides interpreters as needed per language needed. PREA posters, and resident PREA brochures are available in Spanish and English.

MRC does not rely on resident interpreters, resident readers or other types of resident assistants to explain PREA policy and procedures to other residents. 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 Director of Program Operations confirmed the facility has established procedures to provide residents with disabilities and residents 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 residents 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.
- Disabled and Limited English Proficient Residents  
No residents were identified as having a disability or being limited English proficient during the on-site audit.

### Policy

- MRC Policy - Addressing Barriers to Treatment
- MRC Policy - Residents with Disabilities and Residents who are Limited English Proficient
- 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
- Mental Health Association of Middle Tennessee Directory of Interpreters and Translators
- Languages Unlimited - Invoices
- 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 Teacher's Certification

**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.**

MRC has an extensive criminal records background check process. Before hiring new employees or contractors, who may have contact with residents, MRC 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. Employees have a duty to disclose previous misconduct and any new arrests within 24 hours. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. To more formally demonstrate compliance with inquiring about previous misconduct, MRC is implementing a new form during the application process, promotions and evaluations. If requested MRC provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom an employee has applied to work.

MRC's extensive background check process and annual criminal background checks of current employees exceeds the requirements of the standard.

**Interview**

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

**Policy**

- MRC Policy - Prison Rape Elimination Act (PREA)
- MRC Policy - Credentialing/Hiring Process
- MRC Policy - Unacceptable Employment Activities
- MRC Policy - Ethics Violation Investigation Procedure
- MRC Policy – Hiring and Promotion Decisions
- 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
- Child Protective Services/PREA Check

### 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.**

Memphis Recovery Centers YDP has not made substantial modification or additions since the 2014 PREA audit. Also, the facility has not installed or updated the video monitoring system, electronic surveillance system, or other monitoring technology since the 2014 PREA audit.

### Interview

- Superintendent  
The Director of Program Operations confirmed MRC would consider the ability to protect residents from sexual abuse when making modifications or additions to the facility or updating the video surveillance system, electronic surveillance system, or other monitoring technology.

### Supporting Documentation

- PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
- Facility Schematic

### 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.**

DCS is responsible for conducting administrative sexual abuse investigations. DCS investigators work directly with the Memphis Police Department for criminal sexual abuse investigations. DCS adheres to the National Protocol for Sexual Assault Medical Forensic Examinations for Adults and Adolescents. MRC has a Memorandum of Understanding with Shelby County Rape Crisis  
PREA Audit Report

Center to provide residents who experience sexual abuse access to forensic medical examinations to sexual assault victims. Forensic medical examinations are offered without financial cost to the victim. The Memorandum of Understanding with Shelby County Rape Crisis Center also provides victim advocate services. The auditor confirmed availability of the services by telephone and reviewing the Memorandum of Understanding. There were no reported allegations of sexual abuse during the twelve-month audit period.

### Interviews

- PREA Compliance Manager  
The Program Manager confirmed a qualified victim advocate from the Shelby County Rape Crisis Center would provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews.
- 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 Shelby County Rape Crisis Center confirmed the availability of access to forensic medical examinations to sexual assault victims.
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse.

### Policy

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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 Shelby County Rape Crisis Center
- Memorandum of Understanding with Memphis Police Department (requested)

### 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.**

MRC 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. The facility reported no referrals for criminal investigations during the twelve-month audit period.

### Interviews

- Agency Head (Designee)  
The Director of Program Operations 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

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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 Memphis Recovery Centers YDP employees who have contact with residents 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) Residents’ right to be free from sexual abuse and sexual harassment; (4) The right of residents 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 residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (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.

All Memphis Recovery Centers YDP employees receive PREA training during orientation or in-service 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.

### 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

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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
- DCS Professional Development Hours Chart
- DCS Required Training Chart
- PREA Training PowerPoint
- PREA Brochure
- 2017 Training Schedule MRC Youth Development Program
- Memphis Recovery Centers, Inc. Pre-Service Training
- CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA)

### 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.**

Memphis Recovery Centers YDP 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 residents. 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. MRC does not use the services of volunteers.

### Interview

- Contract Employee  
An interview with a contracted psychologist 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

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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
- Professional Development Hours Chart
- Required Training Chart
- PREA Training PowerPoint
- Memphis Recovery Centers, Inc. Counselor Procedure Manual
- Memphis Recovery Centers, Inc. Case Manager Supervisor Training
- 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.**

During the intake process, residents receive information explaining, in an age appropriate fashion, the Memphis Recovery Centers YDP zero-tolerance policy regarding sexual abuse, sexual assault, sexual misconduct, and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Resident education is accomplished through viewing a PREA video and reviewing PREA information provided in brochures and resident handbooks.

Written and verbal information on PREA is provided and explained to all residents within forty-eight (48) hours of arrival and includes at a minimum: (1) Memphis Recovery Centers YDP zero-tolerance policy regarding PREA; (2) prevention and intervention; (3) self-protection and how to avoid risk situations; (4) consequences for engaging in any type of sexual activity while at the facility; (5) how to obtain medical and mental health treatment and counseling; and (6) how to safely report sexual abuse.

Appropriate provisions are made as necessary for residents who are of limited English proficiency, have disabilities (including those who are deaf or hard of hearing, those who are blind or have low vision), and those with low intellectual functioning, psychiatric, or speech or reading disabilities. Memphis Recovery Centers YDP does not rely on resident interpreters for PREA information and education, except in urgent circumstances where safety may be compromised.

All residents 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.

The facility ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, and other written formats. The PREA brochures and posters are available in English and Spanish.

### Interviews

- Intake Staff  
Interviews revealed resident education is accomplished through viewing a PREA video, reviewing PREA information provided in brochures, and resident handbooks. All residents sign DCS form CS-0939, Youth Acknowledgment and Notification of Prison Rape Elimination Act (PREA). Residents 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  
Residents 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 resident handbooks.

### Policy

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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)
- Memphis Recovery Centers, Inc. Client Handbook
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- Special Education Teacher's Certification

### Standard 115.334 Specialized training: Investigations

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

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

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.**

MRC ensures that all full and part-time medical and mental health care practitioners 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 forms CS-0940 Employee/Volunteer/Contractor Acknowledgement and Notification of Prison Rape Elimination Act (PREA) and Memphis Recovery Centers, Inc. Case Manager Supervisor Training to document they have received the training required by the standard.

### **Policy**

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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
- Professional Development Hours Chart
- Required Training Chart
- PREA Training PowerPoint
- Memphis Recovery Centers, Inc. Counselor Procedure Manual
- Memphis Recovery Centers, Inc. Case Manager Supervisor Training
- 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 residents within twenty-four (24) hours of admission. This information is ascertained through conversations with the resident 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 resident 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 resident's own perception of vulnerability; and (11) any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

## Interviews

- PREA Coordinator  
The interview confirmed screening information is available to clinical staff and the Director of Program Operations.
- Staff That Perform Screening for Risk of Victimization and Abusiveness  
The Family Counselor performs screening for risk of victimization and abusiveness. The interview confirmed that residents are screened upon admission or transfer from another facility within 24 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 residents questions and reviewing their files. Risk levels are reassessed if there are incidents of sexual abuse or sexual harassment and if new information has been made available. The screening information is available to clinical staff and the Director of Program Operations.
- Randomly Selected Residents  
Interviews with the residents 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

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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

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

### Interviews

- PREA Coordinator  
The PREA Coordinator confirmed gay, bisexual, transgender, or intersex residents 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.

- PREA Compliance Manager  
The Program Manager confirmed the PREA Screening Report is used for housing, bed, program, education, work assignments, and for keeping residents safe from sexual abuse. LGBTI residents would be treated no differently than any other residents. He confirmed a transgender or intersex resident’s safety would be given serious consideration. Their placement and programming would be made on a case-by case basis and reassessed as required. He confirmed transgender or intersex residents would be permitted to shower separately. All residents shower separately.
- Staff That Perform Screening for Risk of Victimization and Abusiveness
- The Family Counselor confirmed the facility uses information from the risk screening to develop safety plans and housing assignments. She confirmed placement and programming assignments for each transgender or intersex resident would be reassessed monthly to review any threats to safety experienced by the resident.
- Superintendent  
The Director of Program Operations confirmed isolation is not used at the facility.
- Transgendered/Intersex/Gay/Bisexual Residents  
No residents identified as transgendered, intersex, gay, or bisexual.

**Policy**

- MRC Policy - Prison Rape Elimination Act (PREA)
- MRC Policy - Placement of residents in housing, bed, program, education, and work assignments
- 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

**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.**

Memphis Recovery Centers YDP provides internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These internal ways of reporting include telling any staff member, filing a grievance or calling the Child Abuse Hotline at 1-877-237-0004. Grievance forms and boxes accessible to the residents

and pencils are provided.

Residents may also report externally to a public or private entity or office that is not part of the agency. This includes reporting to the Shelby County Rape Crisis Center at 901-422-4350. Residents may remain anonymous upon request. Residents 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.

Residents 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, etc. Third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of the facility must document the resident'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. The facility allows for staff to privately report sexual abuse and sexual harassment of residents by calling the DCS Child Abuse Hotline.

## **Interviews**

- PREA Compliance Manager  
The Program Manager was knowledgeable of the outside entities for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents Have access to pencils and they can place grievance forms in locked boxes. The Shelby County Rape Crisis Center was identified as one way for residents to report sexual abuse or sexual harassment to a private entity that is not part of the facility. All reports are immediately transmitted to CPS through TFACTS and contacting the DCS Special Investigations Unit.
- Random Sample of Staff  
All staff interviewed identified the DCS Child Abuse Hotline as a way for residents to privately report sexual abuse and sexual harassment, retaliation by other residents 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 residents.
- Random Sample of Residents  
Interviews with residents 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 residents. 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 residents 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 residents who reported a sexual abuse allegation.

## **Policy**

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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 Shelby County Rape Crisis Center
- DCS PREA Brochure - "A Teen's Guide to Reporting Abuse" (English and Spanish)
- Memphis Recovery Centers, Inc. Counselor Procedure Manual
- Memphis Recovery Centers, Inc. Client Handbook
- Youth 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)
- 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.**

MRC is exempt from this standard. MRC does not have administrative procedures to address resident grievances regarding sexual abuse. DCS is responsible for all administrative procedures to address resident grievances regarding sexual abuse.

Residents may report allegations of sexual abuse at any time regardless of when the incident is alleged to have occurred. Residents are not required to nor should they attempt to resolve with staff an alleged incident of sexual abuse. Incidents are not required to be and should not be referred to the staff member who is the subject of the complaint.

Residents may get assistance in filing requests for administrative remedies relating to allegations of sexual abuse from third parties. Third parties may also file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, staff members of MRC must document the resident's decision to decline.

Pursuant to Tennessee Code Annotated 37-1-413, any person who either verbally or by written/printed communication reports false accusations of sexual abuse commits a Class E felony. A report made in good faith upon reasonable belief of the alleged incident will not constitute a false report and may not be used as grounds for disciplinary action.

There were no allegations of sexual abuse or sexual harassment during the twelve-month audit period.

## Interviews

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

## Policy

- MRC Policy – Prison Rape Elimination Act (PREA)
- DCS Policy 14.15 Reporting False Allegations of 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
- Memphis Recovery Centers, Inc. Client Handbook
- Youth 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.**

Memphis Recovery Centers YDP provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility has a Memorandum of Understanding with the Shelby County Rape Crisis Center 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 are located throughout the facility. For persons detained solely for civil immigration purposes, immigrant services agency information is made available.

The facility informs residents, 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. The facility enables reasonable communication between residents and outside support organizations, in as confidential a manner as possible.

**Interviews**

- Superintendent  
The Director of Program Operations confirmed the facility would provide residents 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 residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.
- PREA Compliance Manager  
The Program Manager confirmed residents are provided with confidential access to their attorneys or other legal representation and access to parents or legal guardians.
- Random Sample of Residents  
Interviews with residents revealed they knew where to find the telephone numbers and mailing addresses of outside

organizations. With regards to outside emotional support services, most residents acknowledged counseling, therapy or treatment services 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.

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

### 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
- Memorandum of Understanding with the Shelby County Rape Crisis Center
- Duty to Report - Tennessee Code Annotated 37-1-403 and 37-1-605
- DCS PREA Brochure - “A Teen’s Guide to Reporting Abuse” (English and Spanish)
- Memphis Recovery Centers, Inc. 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.**

The DCS website lists the Child Abuse Hotline number and a 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.

The MRC Parent Guide includes telephone numbers, a mailing address, and agency information about the Prison Rape Elimination Act (PREA).

### 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
- Memphis Recovery Centers, Inc. Parent Guide
- DCS PREA Brochure - “A Teen’s Guide to Reporting Abuse” (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 Memphis Recovery Centers YDP staff report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who report such an incident; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits staff 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.

Medical and mental health practitioners are required to report sexual abuse and to the Child Abuse Hotline. They are mandated to follow Duty to Report laws. Medical and mental health practitioners are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

Upon receiving any allegation of sexual abuse, the Program Manager or his designee shall promptly report the allegation to the alleged victim’s parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. 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 Program Manager or designee shall also report the allegation to the juvenile’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

- Superintendent  
The Director of Program Operations 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 juvenile’s attorney. All allegations of sexual abuse and sexual harassment are referred for an investigation.
- PREA Compliance Manager  
The Program Manager stated when the Facility receives an allegation of sexual abuse he reports the allegation to the DCS Child Abuse Hotline and his supervisor. If the victim is under the guardianship of the child welfare system the facility would report the allegation to the victim’s Family Services Worker.

- Medical and Mental Health Practitioner  
Interviews with medical and mental health staff confirmed they disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. 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 residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff interviewed revealed they would report to their immediate supervisor and the DCS Child Abuse Hotline.

**Policy**

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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.**

Policy states that if a resident believes that a physical attack is imminent, he may request assistance from any staff member. If the staff member from whom assistance has been requested is unable to adequately investigate and/or resolve the situation, he/she shall refer the matter and the resident to the shift supervisor. In all cases, the matter shall be investigated immediately. There were no residents identified as being subject to a substantial risk of imminent sexual abuse within the twelve-month audit period.

**Interviews**

- Agency Head Designee  
The Director of Program Operations confirmed immediate action would be taken to protect a resident subject to a substantial risk of imminent sexual abuse. These actions would include separating the resident from the potential perpetrator, interviewing the resident, and taking necessary actions to mitigate risk to the resident.
- Superintendent  
The Director of Program Operations confirmed immediate action would be taken to protect a resident subject to a

substantial risk of imminent sexual abuse. These actions would protective custody or moving a resident to a single room.

- Random Sample of Staff  
All staff interviewed confirmed they would immediately separate the resident from the potential perpetrator.

### 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

### 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 resident was sexually abused while confined at another facility, staff will immediately notify the on-duty supervisor. A CY-47 form will be filled out where applicable and filed with the Office of Children, Youth and Families. The appropriate office of the agency/facility where the sexual abuse is alleged to have occurred will be contacted and notified of the incident. Notification must occur within twenty-four (24) hours of receipt of the report. An incident report will be written and filed that contains documented details of the notification.

Any report filed by another agency to the Memphis Recovery Centers YDP will be investigated in the same manner as any other incident that pertains to sexual abuse within the facility by reporting the incident directly to the DCS Child Abuse Hotline at 1-877-237-0004.

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

### Interviews

- Agency Head Designee  
The Director of Program Operations confirmed he would be the point of contact if an allegation is received from another facility or agency that an incident of sexual abuse or harassment occurred in the facility. CPS would be notified.

### Policy

- 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.**

MRC Policy requires that upon learning of alleged sexual abuse of a resident, the first responder must take immediate steps to protect the victim by ensuring that the alleged victim and the alleged perpetrator are physically separated pending an investigation, which may include, but is not limited to:

1. Initiating a unit transfer of other placement within the facility, or an administrative transfer to another facility or program;
2. Notifying medical staff for instructions regarding examination of the resident;
3. Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence;
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensuring that the alleged victim does not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating;
5. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensuring that the alleged abuser does not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating;
6. Notifying the Director and providing a referral for the victim to the appropriate health care staff:
  - a. During normal business hours, the Director or his designee will immediately provide for the alleged victim's physical safety and ensure that the resident is promptly referred to health care staff. A report will be made to the Director or his designee to confirm the separation of the victim from the alleged perpetrator;
  - b. During evening and night shifts, the on-duty supervisor will notify the Director or his designee of the incident. The resident will be transported to a medical facility as directed by the on call medical staff. Contacting the appropriate law enforcement agency and following all directives and recommendations of that agency.
7. If the first responder is not a Memphis Recovery Centers YDP staff member, the responder will be required to request that the victim not take any action that could destroy physical evidence, and to notify security staff.

Additionally, 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.

## 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 Sexual 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 residents who reported a sexual abuse allegation.

**Policy**

- MRC Policy - Official Response Following a Resident Report (Employee First Responder Duties)
- 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.**

MRC Policy, Official Response Following a Resident Report, coordinates the Memphis Recovery Centers YDP actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Director, in consultation with the appropriate law enforcement agency, will notify the following individuals/entities of the allegations of sexual abuse:

1. The victim’s parents or guardians;
2. The placing agency (i.e. Juvenile Probation Department, DCS Placement, DCS Family Social Worker, etc.);
3. The Tennessee Department of Child Protective Services;
4. The appropriate law enforcement agency
5. Tennessee Child Abuse Hotline;
6. Director of Clinical Operations, Medical Director, Clinical Director and President/CEO of Memphis Recovery Centers, Inc.

Additionally, 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.

**Interviews**

- Superintendent  
The Director of Program Operations confirmed Memphis Recovery Centers YDP coordinates the actions among medical

and mental health practitioners and investigators by following the First Responder Guidelines.

### Policy

- MRC Policy - Management Alert
- MRC Policy - Official Response Following a Resident Report (Coordinated Response)
- 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
- Management Alert Timetable
- Management Alert Report
- 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.**

Memphis Recovery Centers 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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

### Interviews

- Agency Head Designee  
The Director of Program Operations confirmed Memphis Recovery Centers has not entered or renewed any collective bargaining agreements.

### 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.**

Memphis Recovery Centers will ensure retaliation by other residents or staff does not occur towards residents or staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. The Director of Youth Clinical Operations and the Director of Clinical Operations are charged with monitoring retaliation.

Policy requires for a period of ninety (90) days following a report, the agency monitors the treatment of a resident or staff that made a report, and the resident 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) resident disciplinary reports, housing, or program changes; (2) negative performance reviews or staff reassignments; and (3) periodic status checks of residents. Memphis Recovery Centers YDP 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 Director of Program Operations stated protective measures would include, monitoring, providing services and referring retaliation to the Agency Head.
- Designated Staff Member Charged with Monitoring Retaliation  
The Director of Program Operations confirmed measures to protect residents and staff from retaliation would include monitoring and providing services as needed. He does initiate contact with residents who have reported sexual abuse. Excessive resident disciplinary reports and staff and resident behavioral changes are some of the things that would be monitored for potential retaliation. He stated monitoring conduct and treatment would continue until a resident or staff feels safe and the retaliation has ended. MRC would also follow-up monitoring for retaliation after discharge.
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

### **Policy**

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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
- Retaliation Log

### **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.**

Memphis Recovery Centers YDP does not use of segregated housing or isolation to protect a resident who is alleged to have suffered sexual abuse. There were no occurrences of the use of segregated housing or isolation to protect a resident who is alleged to have suffered sexual abuse within the twelve-month audit period.

### **Interviews**

- Superintendent  
The Director of Program Operations confirmed Memphis Recovery Centers YDP does not uses segregated housing or isolation in response to a resident who is alleged to have suffered sexual abuse.

### **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

### **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.**

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, a referral is made to the Memphis Police Department. The credibility of an alleged victim, suspect or witness is not assessed on an individual basis, or whether they are a resident or staff.

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 (22<sup>nd</sup>) birthday.

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

### Interviews

- DCS Investigator  
The 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 actively involved in the process and informs the facility of the progress of the investigation.

### Policy

- MRC Policy - Prison Rape Elimination Act (PREA)
- 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
- Memorandum of Understanding with Memphis Police Department (requested)

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

## Policy

- 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.**

DCS notifies Memphis Recovery Centers of the outcome of an investigation. DCS informs the alleged victim directly as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. They provide the resident with written notification.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the resident is informed whether: (1) the staff member is no longer posted within the resident'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 resident's allegation that he has been sexually abused by another resident, 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.

There were no residents who reported a sexual abuse allegation within the twelve-month audit period and therefore there were no notifications made.

## Interviews

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

## Policy

- 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

### 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.

No staff violated the facility’s sexual abuse and sexual harassment policies within the twelve-month audit period.

### Policy

- MRC Policy - Prison Rape Elimination Act
- MRC Policy - Ethics Violation Investigation Procedure
- MRC Policy - Unacceptable Behaviors
- MRC Policy - Disciplinary Actions
- 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 115.377 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.**

Memphis Recovery Centers YDP 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. The acknowledgement form states the agency's zero-tolerance policy and requires that any contractor or volunteer who violates the policy will be terminated and referred for criminal prosecution, unless the activity was clearly not criminal.

The facility reported not using the services of any volunteers during the twelve-month audit period and during the on-site audit. No contractor or volunteer violated the facility's sexual abuse and sexual harassment policies within the twelve-month audit period.

**Policy**

- MRC Policy - Prison Rape Elimination Act
- 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.**

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Memphis Recovery Centers YDP does not use isolation as a disciplinary sanction.

The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Memphis Recovery Centers YDP may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

There were no administrative or criminal findings of resident-on-resident sexual abuse that have occurred at the facility

PREA Audit Report

within the twelve-month audit period.

### Interviews

- Superintendent  
The Director of Program Operations confirmed the facility follows a more therapeutic approach but does have disciplinary sanctions upon an administrative finding that a resident has engaged in resident-on-resident sexual abuse. Isolation would not be used as a disciplinary sanction.

### Policy

- MRC Policy - Prison Rape Elimination Act
- 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
- Memphis Recovery Centers, Inc. Client Handbook

### 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 assessment indicates a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, designated staff will ensure that the resident 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.

Medical and mental health practitioners obtain informed consent before reporting about prior victimization that did not occur in an institutional setting.

During the twelve-month audit period, the facility reported no residents disclosed prior sexual victimization during the initial screening.

### Interviews

- Staff Responsible for Risk Screening  
The Family Counselor confirmed if screening indicates that a resident 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 well before fourteen days. She confirmed the same follow-up meeting would be offered to a perpetrator.
- Medical and Mental Health Staff

The nurse revealed informed consent is obtained during admission.

- Residents Who Disclose Sexual Victimization at Screening  
No residents were identified during the on-site audit as disclosing sexual victimization during the initial screening.

### 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

### 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.**

Memphis Recovery Centers YDP provides resident victims of sexual abuse timely, unimpeded access to emergency medical treatment and crisis intervention services. Emergency services available through the Shelby County Rape Crisis Center and The Le Bonheur Children’s Hospital. Residents are offered timely information about and timely access to tests for sexually transmitted infections, as medically appropriate. Treatment services are offered without financial cost to the victim.

### 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. They stated they would immediately notify medical and mental health practitioners.
- Medical and Mental Health Staff  
The nurse interviewed confirmed residents who have been a victim of sexual abuse would immediately receive access to emergency medical treatment. She also confirmed victims of sexual abuse would be offered timely information about access to sexually transmitted infection prophylaxis.
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

### 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
- MOU with the Shelby County Rape Crisis Center

- Shelby County Rape Crisis Center 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.**

Memphis Recovery Centers YDP offers medical and mental health evaluations and, as appropriate, treatment to all residents 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. Resident 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**

- Medical and Mental Health Staff  
The nurse interviewed confirmed residents who have been victimized would be referred for follow-up medical and mental health services. She stated that she feels the medical and mental health services are consistent with the community level of care.
- Residents who Reported a Sexual Abuse  
There were no residents who reported a sexual abuse allegation.

#### **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

### **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.**

Memphis Recovery Centers YDP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation involving a PREA-related incident, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The review will occur within thirty (30) days of the conclusion of the DCS investigation and Memphis Recovery Centers YDP notification by DCS of the conclusion of the investigation.

The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings and recommendations, including recommendations for improvement and submit the report to the Executive Director, the PREA Coordinator, and DCS as required. The facility implements the recommendations or documents reasons for not doing so.

There were no sexual abuse allegations during the twelve-month audit period, and therefore no sexual abuse incident review team meetings were held.

### **Interviews**

- Superintendent  
The Director of Program Operations confirmed Memphis Recovery Center YDP has a sexual abuse incident review team. He stated the team would use information from the incident review to identify problem areas and make changes as needed. He 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 considered.
- Facility PREA Compliance Manager  
The Program Manager revealed he is a member of the PREA Incident Review Team. Incident review reports include any recommendations for improvement.
- Incident Review Team Member  
The Director of Program Operations 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 considered.

### **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

### **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.**

Memphis Recovery Centers collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Memphis Recovery Centers 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 conducted by the Department of Justice. Memphis Recovery Centers does not maintain investigative files because it does not conduct investigations. DCS maintains investigative files. Upon request, Memphis Recovery Centers will provide all such data from the previous calendar year to the Department of Justice no later than August 15<sup>th</sup>. Memphis Recovery Centers has not been requested to do so.

### 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
- Survey of Sexual Victimization Form
- Prison Rape Elimination Act (PREA) - Definitions and Terms

### 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.**

Memphis Recovery Centers 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) 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 the agency’s progress in addressing sexual abuse.

### Interviews

- Agency Head Designee  
The Director of Program Operations confirmed incident-based sexual abuse data is used to improve sexual abuse prevention and detection.

- PREA Coordinator  
The PREA Coordinator confirmed MRC 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. DCS prepares an annual report and redacts identifying information.

**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
- Survey of Sexual Victimization Form
- DCS 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.**

Memphis Recovery Centers ensures that data collected pursuant to PREA Standard § 115.387 is securely retained. Memphis Recovery Centers makes all aggregated sexual abuse data from facilities readily available to the public at least annually through the DCS website. Before making aggregated sexual abuse data publicly available, DCS removes all personal identifiers. DCS maintains sexual abuse data collected pursuant to PREA Standards § 115.387 for at least ten (10) years after the date of its initial collection unless Federal, State, or local law requires otherwise.

**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
- DCS 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 5, 2017

Auditor Signature

Date