PREA Facility Audit Report: Final

Name of Facility: Bledsoe County Correctional Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: NA
Date Final Report Submitted: 03/15/2022

| Auditor Certification | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|
| The contents of this report are accurate to the best of my knowledge. | | V |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | | V |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | | V |
| Auditor Full Name as Signed: Debra D. Dawson Date of Signature: 03/15/2022 | | |

| AUDITOR INFORMATION | |
|------------------------------|--------------------------------------|
| Auditor name: | Dawson, Debra |
| Email: | dddawsonprofessionalaudits@gmail.com |
| Start Date of On-Site Audit: | 01/31/2022 |
| End Date of On-Site Audit: | 02/03/2022 |

| FACILITY INFORMATION | |
|----------------------------|---------------------------------------------------|
| Facility name: | Bledsoe County Correctional Complex |
| Facility physical address: | 1045 Horsehead Road, Pikeville, Tennessee - 37367 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|-------------------|----------------------------|
| Name: | Danielle Copeland |
| Email Address: | Danielle.M.Copeland@tn.gov |
| Telephone Number: | 423-881-6274 |

| Warden/Jail Administrator/Sheriff/Director | |
|--------------------------------------------|-------------------------|
| Name: | Shawn Phillips, Warden |
| Email Address: | Shawn.P.Phillips@tn.gov |
| Telephone Number: | 423-881-6108 |

| Facility PREA Compliance Manager | | |
|----------------------------------|----------------------------|--|
| Name: | Danielle Copeland | |
| Email Address: | Danielle.M.Copeland@tn.gov | |
| Telephone Number: | | |

| Facility Health Service Administrator On-site | |
|-----------------------------------------------|---------------------------|
| Name: | Katherine Campbell |
| Email Address: | KCampbell@CenturionTN.com |
| Telephone Number: | 423-881-6335 |

| Facility Characteristics | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|--|
| Designed facility capacity: | 2055 | |
| Current population of facility: | 1809 | |
| Average daily population for the past 12 months: | 2068 | |
| Has the facility been over capacity at any point in the past 12 months? | No | |
| Which population(s) does the facility hold? | Both females and males | |
| Age range of population: | 18-50+ | |
| Facility security levels/inmate custody levels: | Minimum Trustee to Maximum Security | |
| Does the facility hold youthful inmates? | No | |
| Number of staff currently employed at the facility who may have contact with inmates: | 545 | |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 164 | |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 275 | |

| AGENCY INFORMATION | |
|-------------------------------------------------------|------------------------------------------------------|
| Name of agency: | Tennessee Department of Correction |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 320 Sixth Avenue North, Nashville, Tennessee - 37243 |
| Mailing Address: | |
| Telephone number: | |

| Agency Chief Executive Officer Information: | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|------------------------|
| Name: | | | |
| Email Address: | | | |
| Telephone Number: | | | |
| | | | |
| Agency-Wide PREA Coording | nator Information | | |
| Name: | Blake Pollock | Email Address: | Blake.H.Pollock@tn.gov |
| | | | |
| SUMMARY OF AUDIT FINDI | NGS | | |
| The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. | | | |
| Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited. | | | |
| Number of standards exceeded: | | | |
| 115.17 - Hiring and promotion decisions | | on decisions | |
| Number of standards met: | | | |
| 44 | | | |
| Number of standards not met: | | | |
| 0 | | | |

POST-AUDIT REPORTING INFORMATION GENERAL AUDIT INFORMATION **On-site Audit Dates** 1. Start date of the onsite portion of the audit: 2022-01-31 2. End date of the onsite portion of the audit: 2022-02-03 Outreach 10. Did you attempt to communicate with community-based Yes organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant O No conditions in the facility? a. Identify the community-based organization(s) or victim The Avalon Center Internal Affairs Director advocates with whom you communicated: AUDITED FACILITY INFORMATION 14. Designated facility capacity: 2055 2068 15. Average daily population for the past 12 months: 16. Number of inmate/resident/detainee housing units: 35 17. Does the facility ever hold youthful inmates or Yes youthful/juvenile detainees? No Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) Audited Facility Population Characteristics on Day One of the Onsite Portion of the **Audit** Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit 1752 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: 39. Enter the total number of inmates/residents/detainees with 1 a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:

| Random Inmate/Resident/Detainee Interviews | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|--|
| Inmate/Resident/Detainee Interviews | | | |
| INTERVIEWS | | | |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. | | |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 164 | | |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 275 | | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 545 | | |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | | | |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | No text provided. | | |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 | | |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 881 | | |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 3 | | |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 | | |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 2 | | |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 1 | | |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 2 | | |

| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 20 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | □ Age □ Race □ Ethnicity (e.g., Hispanic, Non-Hispanic) □ Length of time in the facility ☑ Housing assignment □ Gender □ Other □ None | |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | Review of housing unit rosters, and facility rosters with age and via name | |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | ⊙ Yes⊙ No | |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. | |
| Targeted Inmate/Resident/Detainee Interviews | | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 20 | |
| As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0". | | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 2 | |
| 61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol: | 1 | |

| 62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol: | 2 |
| 64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol: | 1 |
| 65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | ✓ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category |
| | declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Interviews with various staff at all locations, to include 4 staff who conduct risk screening, medical staff, mental health, the PCM, Facility PREA Coordinator, and the State-wide PREA Coordinator |
| 66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 2 |
| 67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol: | 3 |
| 68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol: | 8 |
| 69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol: | 0 |

| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | ☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees). | Interviews conducted with staff assigned to supervise segregation, Warden, Facility PCM, Associate Warden of Treatment/Facility PREA Coordinator confirmed inmates are not and was not placed in segregated housing for being at risk of sexual victimization/who allege to have suffered sexual abuse. A review of the 13 investigative case files not not identify alleged victims placement in segregated housing |
| 70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | No text provided. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 71. Enter the total number of RANDOM STAFF who were interviewed: | 20 |
| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | Length of tenure in the facility |
| | ✓ Shift assignment |
| | ✓ Work assignment |
| | ✓ Rank (or equivalent) |
| | ☐ Other (e.g., gender, race, ethnicity, languages spoken) |
| | ☐ None |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | • Yes |
| | ○ No |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| Specialized Staff, Volunteers, and Contractor Interviews | |
| Staff in some facilities may be responsible for more than one of the sp apply to an interview with a single staff member and that information w | ecialized staff duties. Therefore, more than one interview protocol may rould satisfy multiple specialized staff interview requirements. |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 27 |

| 76. Were you able to interview the Agency Head? | • Yes |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| | C No |
| 77. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | ⊙ Yes |
| | ○ No |
| 78. Were you able to interview the PREA Coordinator? | |
| | C No |
| 79. Were you able to interview the PREA Compliance Manager? | |
| | C No |
| | © NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |
| | |

| 80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply) | ✓ Agency contract administrator ✓ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff ☑ Other |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If "Other," provide additional specialized staff roles interviewed: | mail room, inmate job coordinator, food service workers, contractors, |
| 81. Did you interview VOLUNTEERS who may have contact | ⊙ Yes |
| with inmates/residents/detainees in this facility? | © No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 1 |

| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | □ Education/programming □ Medical/dental □ Mental health/counseling ☑ Religious □ Other |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | ⊙ Yes ⊙ No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 4 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | ☐ Security/detention ☐ Education/programming ☑ Medical/dental ☑ Food service ☐ Maintenance/construction ☑ Other |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | Mental health, medical staff, food service, TRICO (Factory Workers) |
| SITE REVIEW AND DOCUMENTA | ATION SAMPLING |
| Site Review | |
| PREA Standard 115.401 (h) states, "The auditor shall have access to the requirements in this Standard, the site review portion of the onsite site review is not a casual tour of the facility. It is an active, inquiring p whether, and the extent to which, the audited facility's practices demo testing critical functions are expected to be included in the relevant St | rocess that includes talking with staff and inmates to determine nstrate compliance with the Standards. Note: discussions related to |
| 84. Did you have access to all areas of the facility? | ♥ Yes♥ No |
| Was the site review an active, inquiring process that incl | uded the following: |
| 85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument? | YesNo |
| 86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)? | • Yes • No |

| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | • Yes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| during the Site review (encouraged, not required)? | C No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | ⊙ Yes |
| (encouraged, not required)? | C No |
| 89. Provide any additional comments regarding the site review | No text provided. |
| (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | |
| Documentation Sampling | |
| Where there is a collection of records to review-such as staff, contract supervisory rounds logs; risk screening and intake processing records | |
| auditors must self-select for review a representative sample of each ty | pe of record. |
| 90. In addition to the proof documentation selected by the | • Yes |
| agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation? | C No |
| 91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | No text provided. |
| SEXUAL ABUSE AND SEXUAL H | IARASSMENT ALLEGATIONS |

AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------|
| Inmate-on- inmate sexual abuse | 2 | 0 | 2 | 0 |
| Staff-on-inmate sexual abuse | 3 | 0 | 3 | 0 |
| Total | 5 | 0 | 5 | 0 |

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|------------------------------------|------------------------------------------|------------------------------|------------------------------------------|---------------------------------------------------------------------------|
| Inmate-on-inmate sexual harassment | 2 | 0 | 2 | 0 |
| Staff-on-inmate sexual harassment | 6 | 0 | 6 | 0 |
| Total | 8 | 0 | 8 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detained sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|-------------------------------|---------|---|------------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 2 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 1 | 0 | 2 |
| Total | 0 | 3 | 0 | 2 |

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
|------------------------------------|---------|-----------------------------|------------------------------|-----------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 2 | 0 |
| Staff-on-inmate sexual harassment | 0 | 6 | 0 | 0 |
| Total | 0 | 6 | 2 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

| Sexual Abuse Investigation Files Selected for Review | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 5 |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | YesNoNA (NA if you were unable to review any sexual abuse investigation files) |
| Inmate-on-inmate sexual abuse investigation files | |
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 2 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | Yes No NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | Yes No NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |

| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 3 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | Yes No NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) | |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | Yes No NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) | |
| Sexual Harassment Investigation Files Selected for Review | | |
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 8 | |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | YesNoNA (NA if you were unable to review any sexual harassment investigation files) | |
| Inmate-on-inmate sexual harassment investigation files | | |
| Inmate-on-inmate sexual harassment investigation files | | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 2 | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL | 2 • Yes • No • NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 109. Did your sample of INMATE-ON-INMATE SEXUAL | YesNoNA (NA if you were unable to review any inmate-on-inmate | |
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? 110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative | Yes No NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) Yes No NA (NA if you were unable to review any inmate-on-inmate | |

| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | Yes No NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | Yes No NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | The facility identified 13 reported PREA allegations during the 12-month review period and all investigations were complete. The auditor elected to review all. The auditor also reviewed additional two additional completed PREA investigation from 2019 and 2020. One case remained pending DNA sampling and one staff on inmate substantiated sexual abuse case has a scheduled court date of March 29, 2022. The auditor chose to review these cases as the most recent PREA cases did not include criminal charges and or the need for a forensic medical examination. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |
| 115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | C Yes⊙ No |
| Non-certified Support Staff | |
| 116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | C Yes No |
| AUDITING ARRANGEMENTS AND COMPENSATION | |
| 121. Who paid you to conduct this audit? | The audited facility or its parent agency |
| | © My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) |
| | C A third-party auditing entity (e.g., accreditation body, consulting firm) |
| | Other |

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART (Sexual Abuse Response Team)
- 3. TDOC Index 502.06 PREA Implementation, Education and Compliance
- 4. BCCX Organizational Chart and TDOC Organization Chart
- 5. BCCX Index 502.06.2-1 PREA Allegations, Investigations, and SART
- 6. BCCX Monthly PREA Inspection Reports
- 7. Interviews with:
- a. TDOC State-wide PREA Coordinator
- b. BCCX PREA Compliance Manager

115.11(a) The agency and facility have a comprehensive written policy that mandates zero tolerance toward all types of sexual abuse and sexual harassment. Index TDOC.502.06 states it is the policy of the TDOC to provide a safe, human, and appropriately secure environment, free from the threat of sexual abuse and sexual harassment for all inmates, by maintaining a program of prevention, detection, response, investigation, and tracking of all alleged and substantiates sexual assaults and sexual harassment within its facilities. The Directive clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in their facility. The Directive includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment that are consistent with the PREA standards. The Directive also outlines sanctions for those that have participated in such prohibited behaviors to include staff, contractors, volunteers, and the inmate population.

In addition to TDOC Index 502.06 PREA Implementation, Education and Compliance. The Department also developed TDOC Index 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART). The policy outlines the duties and responsibilities of staff designated to serve on an organized and structured team responsible for developing and maintaining a program of prevention, detection, response, investigation, and tracking of sexual assaults and the persons involved. These policies includes definitions pertaining to PREA, and procedures after receiving an allegation of PREA; multiple methods for inmate reporting, responsibilities of First Responders; SART Response; SART Investigations; Sexual Abuse Incident Review; monitoring for retaliation; administrative investigations; criminal investigations; reporting the status of allegations to inmates; disciplinary sanctions for inmates; sanctions for contractor and volunteers; and allegations occurring in other correction settings.

TDOC 502.06 indicates each PREA Site Coordinator and /or PREA Compliance Manager shall ensure unannounced PREA-free walk (inspection) is conducted monthly in accordance with PREA Inspection Team Worksheet, CR-3821. This inspection shall be conducted monthly to identify and deter sexual abuse and sexual harassment. By the 15th of each month, the Warden/Superintendent/Designee shall submit the facility's previous month's PREA Inspection to the Assistant Commissioner of Prisons. The Assistant Commissioner of Prisons/designee shall compile all the facility reports and forward them to the Assistant Commissioner, Deputy Commissioner, Inspector General, Statewide PREA Coordinator, and Director of Decision Support: Research and Planning for review.

The reports for each of the 12-month review periods were submitted timely to the Warden from Facility PREA Coordinator. These inspections documented the unannounced PREA walk throughs of various departments throughout the complex conducted by SART members. Staff utilized the PREA compliance tool to determine compliance with standards 115.11 through 115.86. The record of minutes include the monitoring all areas, inmate behavior to ensure they are aware of how to report PREA incidents, all reported PREA allegations since the previous meeting, monitoring and tracking the compliance of incoming inmate's PREA screenings, continuation of PREA awareness and postings throughout, in addition to but not limited to the monitoring of each area to maintain a program of prevention, detection, response, investigation and tracking of all PREA issues to ensure the facility maintains the policy requirement of zero tolerance for any type of PREA incidents within.

BCCX 502.06.2-1 was developed to provide a safe, humane, and appropriately secure environment, free from threat of sexual assault/harassment for all inmates, by maintaining a program of prevention, detection, response, investigation, and tracking of all alleged and substantiated sexual assaults and sexual harassment. BCCX will zero tolerance for incidents of

sexual assault and sexual harassment. This policy outlines the procedures of staff upon becoming aware of any allegation of sexual abuse reported verbally, in writing, anonymously and/or via third party.

115.11(b) The agency has designated a State-wide PREA Coordinator who holds the position of PREA Correctional Program Director II with the Office of the Inspector General. He is assigned the duties of overseeing the agency's efforts regarding PREA in all its TDOC facilities and contract facilities. The agency's organizational chart shows the State-wide PREA Coordinator reports directly to the Director Compliance with the Office of the Inspector General. The supervisory staff was recently promoted to the Deputy Inspector General and continues to supervise the State-wide PREA Coordinator. The auditor interviewed the State-wide PREA Coordinator and confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Throughout the audit process to include pre-audit, on-site visit, and post-audit phrase an open line of communication was maintained with the State-wide PREA Coordinator. He continuously demonstrated an active and productive role in providing assistance to the assigned auditor with the submission of TDOC policies and the follow-up of requested documentation from the BCCX PCM.

115.11(c) The facility's organizational chart was provided for review. The Associate Warden of Treatment (T) serves as facility PREA Coordinator and reports directly to the Warden. The facility also has an on-site PREA Compliance Manager (PCM) who works to ensure the facility's compliance with the DOJ PREA standards. The chart shows the BCCX PCM position as a dedicated position who reports directly to the Warden while maintaining an open line of communication with the Associate Warden (T)/ BCCX PREA Coordinator. The BCCX PCM also holds the position of Assistant to the Warden. Manager. The auditor conducted an interview with the BCCX PCM who confirmed she prioritizes her duties to ensure attention is given complying with all PREA standards. She added she maintains an open line of communication with Warden and Associate Warden (T)/ PREA Coordinator in applying an immediate response to any areas of concerns regarding compliance. She added members of the Sexual Assault Response Team (SART) maintain a continuous and joint effort in identifying potential areas of concerns and responding immediately and in accordance with TDOC policies and the DOJ PREA standards. She added weekly meetings are held with all department heads and when and there are identified concerns, they are immediately addressed.

Based on the review of TDOC policies and BCCX policy, monthly unannounced PREA walk throughs completed by SART members, documented record minutes, agency and facility organizational charts, and interviews, the facility has demonstrated compliance with all provisions of this standard.

115.12 Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. Copies of contracts with private agencies
- 3. Contract facilities website PREA reports
- 4. Interviews with the following:
- a. State-wide PREA Coordinator/ Agency Contract Monitor

BCCX does not contract for the confinement of its inmates. However, the Tennessee Department of Corrections does have 4 contracts for the confinement of inmates, and all are monitored by the Contract Monitoring Division within the Office of the Inspector General. Two TDOC contract monitors are located at each of the contract facilities. One holds the position of the Commissioner's designee and is assigned to monitor the facility's daily operational procedures. The second contract monitor is designated to monitor the contract between TDOC and the contracting agency for compliance with all requirements to include PREA standards.

Per an interview with the contract monitor, he oversees the daily operations and ensures all PREA allegations are logged into the TDOC PREA Allegation System (PAS) as required per the contract. He added an annual audit review is conducted for compliance with all PREA standards by TDOC staff. He continued in stating he conducts daily walks throughout the facility compound to identify any discrepancies that do not support compliance with any of the PREA standards. Any discrepancies noted, are immediately addressed with the Warden and a corrective action is taken.

TDOC Index 502.06 states employees of privately managed facilities shall receive PREA training as part of the pre-service and in-service training requirements established by the contractor and approved by TDOC. The Director of Contracts Administration shall ensure that all new TDOC contracts or contract renewals include language requiring compliance with the PREA standards. The TDOC has entered 4 contracts for the confinement of inmates with a private agency (Core Civic). Interview with the State-wide PREA Coordinator who also conducts monitoring of the contract facilities states he maintains an open line of communication with the contracting agencies and contract monitors and addresses any concerns regarding maintaining compliance with all PREA standards. A review of the contracts indicated the requirement for each facility to maintain PREA certification as a condition of the contract is documented.

The facilities' most recent PREA audits were submitted as the following: Hardeman County Correctional Facility on August 6, 2020; South Central Correctional Center on February 17, 2020; Whiteville Correctional Facility on September 16, 2020; Trousdale Turner Correctional Center most recent posted PREA audit is dated as August 21, 2021. Review of the contracts confirmed all contained language that required the contracted facility to comply with the requirements of the Prison Rape Elimination Act.

Based on the review of the contracts, review of the agency's website, audit reports and interview, the facility has demonstrated compliance with all provisions of this standard.

115.13 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06 PREA Implementation, Education and Compliance
- 3. TDOC Index 506.22 Security Staff Assignments
- 4. BCCX Annual Staffing Review
- 5. Post Assignment Rosters
- 6. Logbooks documenting unannounced rounds.
- 7. Observation while on-site
- 8. Interviews with:
- a. Warden
- c. BCCX PREA PCM
- d. Intermediate or Higher-Level Staff
- e. TDOC Statewide PREA Coordinator

115.13(a) TDOC Index 502.06 states the requirements of a facility staffing plan that provides for the adequate levels of staffing and monitoring to protect inmates against sexual abuse. These requirements contain the eleven requirements stated in this provision. This review shall be completed on the PREA Annual Staffing Review form CR-3964. Interviews with the agency TDOC State-wide PREA Coordinator, Warden and BCCX Associate Warden (T)/Facility PREA Coordinator indicated the facility does develop and comply with a staffing plan as outlined in TDOC Index 506.22. Furthermore, it was indicated that the facility does consider each element of provision and upper-level administration in the position of the TDOC State-wide PREA Coordinator, Chief of Security, Associate Warden of Security, Associate Warden of Treatment/ BCCX Facility PREA Coordinator review for approval annually.

The average daily number of inmates housed at BCCX since the last PREA audit in May 2019 was identified as 2068. The average daily number of inmates which the staffing plan was predicated since the last PREA audit was for was 2055 with 484 inmates' beds offline.

The BCCX Staffing Plan addresses the eleven requirements as indicated in this provision. TDOC has been granted funding for the installation and upgrade of video monitoring for all facilities as needed within their agency. BCCX received 39 additional cameras since the last PREA audit and an additional 11 are scheduled for installation upon completion of the women's restricted housing unit.

Per an interview with the Warden, the staffing plan considers all elements and is based on critical posts that are required to be covered on each shift. He ensures mandatory/critical posts are never vacated when inmates are in the areas as some post assignments are split. These posts are supervised by staff and additional assistance is provided through video monitoring. He added, security staff must make 30 minutes checks on all inmates assigned to their area. He and his Associate Wardens randomly review video footage to ensure proper supervision is being conducted on all shifts. The Associate Warden of Security reviews the roster daily and per shift to ensure all critical posts are filled. An interview was conducted with the Chief of Security and Warden who identified the recent increased salary approved for security staff has been beneficial in the hiring of security staff. Security staff vacancies result in the hiring of overtime. Both stated a security post identified as critical and/or critical when inmates are assigned are never to be vacated. He added proper roster management is a must that requires reviewing the post assignment rosters prior to every shift.

115.13(b) TDOC Index 506.22 indicates the Critical and Non-Critical post. The facility staffing plan is developed with minimum operations staffing levels in mind and a daily staff roster is reviewed to ensure adequate staff in accordance with the stated staffing plan. The daily rosters identify positions, the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. The Administrative Lieutenant who manages the security staff post assignments submitted the quarterly Post Assignment Schedule each quarter to the BCCX Warden for approval. Upon the Warden's review and approval, he forwards it to the Assistant Commissioner of

Prisons for any request of changes to include those identified as a critical post. The request was made for various critical posts to be classified only as non-critical during periods inmates are not in the area such as Landscaping, Inmate Escort, etc. The Assistant Commissioner of Prison must approve the request in advance of movement.

Per the Warden and Chief of Security both stated staff are not assigned to critical post are the only staff that can be removed from their original post assignment to cover other post assignments when vacate. However, paying staff overtime is always available as needed to cover vacant posts. They each stated with the recent raise throughout the TDOC, have assisted in the hiring of security staff at BCCX. He also stated due to the recent change in the security staff hours work with the exception of sergeants, all security staff are on 12-hour shifts. The change of security staff hours and new hires have contributed to a decrease in the reassignment of staff on the daily rosters due to vacant posts. During the on-site visit, sergeants remained on 8 -hours shifts. Per the Chief of Security many staff are now requesting overtime, rather than being mandated.

Daily security staff rosters were presented as requested by the auditor. The BCCX correctional services department manages two separate rosters daily for the 12-hour shifts. Site 1 security roster is composed of the following housing units: building 28 (women) and Site 1 male housing units 21 – 25. The Site 2 security roster is composed of security staff who supervises the Annex housing unit 17 – 20 and Site 2 housing units 1 – 16. There is no housing identified as 26 and 27. The auditor requested Site 1 correctional services rosters for the first Tuesday of each month and the rosters from Site 2 for the 1st Saturday for each month during the 12-month review. Critical posts assigned are identified by Although the rosters did reveal vacated posts, none was identified as critical post during the period of times they were not manned by security staff. The rosters documented changes made and the reason for each change was due to call-ins, scheduled annual leave, sick leave, scheduled and unscheduled inmate medical trips to the local hospitals, and those post that are only identified as critical when inmates are within the area. The post assignment rosters review identified security staff-maintained compliance within the staffing plan to include during staff reassignment for various days and shifts while ensuring all critical post were manned.

115.13(c) TDOC Index 502.06 states that by July 1st of each calendar year each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. TDOC Index 506.22 states the Warden shall identify on each post assignment schedule all critical posts. Posts that are critical to the security of the institution must be filled on each shift.

The staffing plan review is documented on an agency-wide standardized form. Interviews with the State-wide PREA Coordinator, and Warden indicated the facility does conduct a staffing plan review at least annually. BCCX provided a copy of the Staffing Plan. The BCCX Staffing Plan was reviewed for approval by the Chief of Security, Associate Warden of Security, Associate Warden(T)/ BCCX PREA Coordinator, and Warden on July 1, 2021, and reviewed by the TDOC State-wide PREA Coordinator on July 8, 2021. The staffing plan considers all the criteria required for a staffing plan review as required in this standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility compliance manager and agency wide coordinator.

115.13(d) TDOC Index 502.06 indicates that each PREA site coordinator and/or PCM shall ensure that an unannounced PREA-free walk (inspection) is conducted monthly in accordance with the PREA Inspection Team Worksheet, CR-3821. This inspection shall be conducted to identify and deter sexual abuse and sexual harassment. The Security Shift Corporal and above, Unit Managers, and Administrative Duty Officer shall conduct and document unannounced rounds. The unit logbook shall be annotated with Unannounced PREA Inspection/Security Check when signing into the unit.

The auditor reviewed all housing unit logbooks throughout the tour at BCCX for documentation of supervisory staff unannounced rounds on both shifts with no discrepancies noted. Supervisory staff document their unannounced rounds as "Unannounced PREA Inspection and/or Unannounced PREA Inspection/Security Check" in the housing unit logs. These rounds are noted in red ink. Confirmation of supervisory rounds were also provided during interviews with supervisory staff. All supervisory staff stated they alternate their rounds schedule, but they are constantly in and out of the areas and conduct various rounds per shift. Supervisory staff noted their rounds in red ink as. Per interviews with supervisory staff who conduct these unannounced rounds, each state they do not have a set schedule and/or pattern in when and/or they conduct their rounds. They ensure the rounds are conducted and in a manner that staff and inmates are unable to determine their anticipated arrival to the housing units and/or program areas. Logbook's entries confirmed a variety of times in which these rounds were conducted. Supervisory staff stated staff are prohibited from advising others of their supervisory rounds being conducted.

Based on the review of the 2021 Staffing Plan, quarterly post assignment schedules submitted for approval by the Warden, daily post assignment rosters, interviews, review of unannounced rounds, BCCX meets the mandate of all standard provisions.

| 115.14 | Youthful inmates |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Reviewed (documents, interviews, site review): |
| | BCCX Completed Pre-Audit Questionnaire (PAQ) |
| | 2. TDOC Index 506.14.2 Housing, Programming of Youth Inmates |
| | 3. Observation during onsite tour |
| | 4. Interviews with the following: |
| | a. Warden |
| | b. BCCX PCM |
| | c. TDOC State-wide PREA Compliance Manager |
| | d. Medical Staff |
| | e. Classification Officer |
| | 115.14 (a) (b) TDOC 506.14.2 Housing and Programming of Juvenile Offenders outlines the TDOC policy for housing and programs youthful offenders throughout the Agency. The policy indicates for the purpose of the policy only, juvenile offenders are person between the ages of 16 and 18 who are sentenced and committed to the TDOC by court having adult criminal jurisdiction. Interviews with Warden, Medical Staff, BCCX PCM, TDOC State-wide PREA Coordinator, Classification Counselor, and observation during tour of the complex, all indicated youthful offenders are not housed at BCCX. |
| | Male youthful offenders within the TDOC are housed at Northwest Correctional Complex. Female youthful offenders are designated to the TDOC Debra K. Johnson Rehabilitation Center. |
| | BCCX meets all provisions of this standard as BCCX does not house youthful offenders. |

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06 PREA Implementation, Education, Compliance
- 3. BCCX Index 112.08-1 Personal Hygiene Resources for Inmates
- 4. TDOC Index 112.08 Personal Hygiene Resources for Inmates
- 5. TDOC Index 305.03 Employee/Offender Interaction
- 6. TDOC Index 506.06-1 Searches
- 7. BCCX Index 506.06-1 Searches
- 8. TDOC Index 113.37 Gender Dysphoria
- 9. TCA Lesson Plan- Personal Searches
- 10. Training records
- 11. Observation while on-site
- 12. Interviews with:
- a. Random staff
- b. Inmates
- c. BCCX Training Staff

b115.15(a) TDOC Index 502.06-1 states security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. TDOC Index 113.37 states that should circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. TDOC Index 506.06-1 Searches states routine strip searches and/or visual body cavity searches will occur in authorized areas. Searches based on reasonable suspicion require the Warden's authorization. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. BCCX houses both male and female inmates. However, there were 0 inmates identified as transgender and/or intersex housed at the Complex during the review period and/or during the on-site visit. Interviews with both male and female inmates stated they have not had any occurrences in where they were subjected to cross-gender viewing by staff during a strip search or visual cavity search.

115.15(b) TDOC Index 506.06-1 states, "Female correctional officers may frisk search inmates of both genders." However, female security staff may conduct visual searches of male inmates upon being identified as transgender and/or intersex at the inmate's request. Male correctional officers may only frisk search and conduct a visual search of male inmates. Interviews with staff and inmate population confirmed the male inmate population is frisk searched by both male and female staff members. Building #28 houses female inmates. The auditor conducted interviews with 8 female inmates. All stated they are only search by female staff and there has never been an occasion where they were prohibited from participating in out of cell activities and/or programs out of the housing unit. The BCCX PCM, intake staff and classification staff indicated there has been 0 inmates identified as transgender and/or intersex housed at the BCCX during the review period and/or during the onsite visit.

115.15(c) Body cavity searches require prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Interviews with medical staff, random staff and inmates did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, that included any exigent circumstances, conducted by security or medical staff to exceed during the

review period of January 1, 2021, through December 31, 2021. A review of the facility's BCCX Index 506.06-1 Searches policy indicated the policy did not include conducting searches of transgenders and/or intersex. The Associate Warden (T)/Facility PREA Coordinator submitted a Policy Change Notice during the post-audit phase that states 1) "If there is no doubt as to the gender of a person or there is no reason to suspect the person is not the gender that they appear, they should be searched in accordance with policy mandates stated herein as they relate to that gender. 2) If there is uncertainty as to a person's gender, the responsible officer shall use best judgement as to how the person presents, as male or female, and shall arrange for an officer of that gender to conduct the search. If the subject of the search then objects on the basis of gender, an officer of the person's apparently preferred gender shall conduct the search." This policy change provided documented guidance to staff in conducting the risk and pat-down search was determined to meet the provision of the standard.

115.15(d) TDOC 305.03 and TDOC 502.06-1 states, "Staff of the opposite sex announce their presence when entering a housing unit." Signage is noted on each housing door that opposite gender staff must announce themselves when entering the housing unit. This practice was observed during the tour in a loud enough manner that could be heard by all within. Additionally, during 52 formal interviews and 20 informal interviews with the inmate population, all acknowledged upon a female entering the male housing units and male entering the female housing units the opposite gender announcement was made clearly and loudly by assigned housing unit officer and/or by staff upon entering This practice was repeatedly observed throughout the auditor's tour in all housing units. There were no occurrences and /or inconsistencies in this practice identified. Observation during the tour throughout the Complex confirmed procedures were developed in the structural operational planning that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All housing units were observed to have showers curtains and/or shower doors that allowed privacy to include showers in the restricted housing units. Two shower curtains were installed at all showers where doors were not utilized to provide privacy. These showers possessed two curtains where inmates are allowed to undress/dress between the two shower curtains prior to entering and exiting the shower station without being viewed by others to include inmates, female and/or male staff. The toilets designated for inmate use are located within a corner of their cell in which staff must make an effort to view the area, behind full doors and/or \(\frac{3}{4} \) design doors that allow the viewing of the feet only. Inmate's restrooms in all the various program and operational departments are within a single use restroom enclosed by a full-size door that is observant and monitored by the staff assigned. Both female and male inmates indicated they have not encountered any negative concerns in being provided privacy when showering, using the restroom and/or changing clothes. BCCX 112.08-1 notes transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. There were 0 identified as transgender and/or intersex at BCCX for interview and/or having ever been at the BCCX per intake staff, counselors, and random staff interviews.

115.15(e) TDOC Index 506.06-1 Searches regarding strip searches of transgender and intersex inmate's states, "A strip search of a transgender or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status." If an inmate's status is unknown, it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. TDOC 506.06 states if there is uncertainty as to a person's gender, the responsible officer shall use best judgment as to how the person presents, as male or female, and shall arrange for an officer of the gender to conduct the search. If the subject of the search, then objects based on gender, an officer of the person's apparently preferred gender shall conduct the search. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status. There were no inmates identified as intersex and/or transgender at the BCCX during the 12-month review period and/or during the on-site visit for interview.

The BCCX operates secure suicide and mental observations cells within the medical department for the male inmate population. These cells are assigned as a male post only and are always monitored via cameras within the cells and manned by 3 male security staff and an attending medical staff (of either gender). Direct camera viewing of the toilet area is obstructed to prevent direct viewing of the inmate's genitals and buttocks. Inmates identified to need long-term medical care such as pending release within 6 months may be housed in this area in addition to inmates requiring holding in the negative pressure room, mental health observation and/or suicide watch observation.

An interview with the Associate Warden (T)/ BCCX PREA Coordinator, applicable inmates identified as intersex and/or transgender would be reviewed and interviewed by the Gender Dysphoria, Transgender, Transsexual, Intersex, Gender Non-Conforming Accommodation Review Committee. Upon completion of the review, the meeting minutes are forward to the Central Office Gender Dysphoria, Committee for further review and determination of inmates' status. The inmate would acknowledge their preference of staff gender for visually strip searches. The auditor was presented with the meeting minutes of 3 inmates identified as gender dysphoria during the review period. However, there were 0 inmates identified as transgender and/or intersex assigned to the BCCX during the on-site visit and/or ever assigned. Per intake staff and the BCCX PCM who has been employed at the facility for 9 years, there has never been an inmates identified as transgender and/or intersex at BCCX.

115.15(f) TDOC Index 506.06-1 defines the term "Frisk Search" as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects." Policy notes that frisk searches may be

conducted by female staff on male inmates. Strip searches are performed exclusively by staff of the same gender this including a provision for transgender or intersex inmates who may prefer to be searched by a specific gender of staff. The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The Pre-Audit Questionnaire noted that 100% of staff have received search training. Confirmation of pre-service search training was provided. Additionally, random staff interviews indicated they received they received search training during pre-service and annual service. However, upon the auditor's request for confirmation of staff hired prior to the implementation of PREA, it could not be produced. Therefore, a discrepancy was identified in the completion of Search training of those staff hired prior to the implementation of PREA and prior to the TDOC implementation of the TDOC Pre-Search Training in 2016. Therefore, the auditor recommended all security staff receive Search Training during the post audit period. It was determined that all security staff on all shifts and at all sites would be provided search training by certified training staff on how to conduct searches of transgender/intersex inmates during each shift briefing at all sites with staff signature documenting receipt of the completed training. The auditor was provided rosters identifying all security staff completion of the required Search Training during the post audit phase. The training provided was taken from the TDOC Search Training Lesson Plan

Based on the review of policies, documents, confirmation of completed search training, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

115.16 Inmates with disabilities and inmates who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
- 3. TDOC Index 103.10.1 Title VI Limited English Proficiency (LEP)
- 4. BCCX LEP Program Plan
- 5. Translation Services Documentation and Contract
- 6. Observation while on-site
- 7. Interviews with:
- a. Agency Head Designee
- b. Random staff
- c. Inmates with disabilities/Limited English Proficiency
- d. Staff Assigned to Provide Translation Services

115.16(a)(b) TDOC Index 502.06 states all inmate entering the TDOC system shall receive verbal and written information concerning sexual abuse within 24 hours. Each facility shall take appropriate steps to ensure the inmates with disabilities (including inmates who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Facility staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skill, or who are blind or have low vision. Agency policy also requires that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates.

TDOC Index 103.10.1 policy indicates during the take process, offenders requiring language or literacy assistance will be offered a Language Identification ("I Speak) Guide to determine if the offender has a literacy or language deficiency. The names of those offenders requiring LEP services will be documented and reported to the LEP Coordinator immediately. An interpreter will be provided through utilization of institution staff, volunteers, or contract interpreters to determine the extent of their proficiency.

The BCCX Plan for Providing Inmates with Limited English Proficiency Access to Program and Activities (As required by the Civil Rights Act Of 1964) was provided for review. Per the plan an assessment is completed by the Property Officers upon an inmate's arrival to BCCX for their ability to speak/understand English. Additionally, during the orientation process, should the unit management staff notice the inmate's knowledge is insufficient to understand what is being discussed, an interpreter will be provided as soon as possible. Any inmate who cannot understand verbal instructions will be presented with the Language Identification Flashcard to determine which language the inmate speaks if he has a literacy problem. The records office reviews the inmate files and judgement order and if the inmate is identified as LEP, is interviewed by institution staff or contract interpreters to determine the extent of the proficiency. The Associate Warden (T) notifies other departments of the inmate's LEP status and /or need for an interpreter to include classification, medical, mental health, count room, unit managers, etc.

An Interagency Agreement between the State of Tennessee Department of Corrections and University of Tennessee – Tennessee Language Center has been established for services of live language interpretation and written document translation. The most recent contract was noted as effective July 1, 2021, through June 30, 2023. The following available translating services noted in the BCCX LEP Plan identified translating services via phone as Linguistic International @ 1-866-908-5744 and UT Language Center @ 877-346-1674. These services are available for use as needed. However, staff translators are utilized as the first attempt to provide translation services to the inmate population as applicable.

Staff are required to document all translation services on TOMIS Conversation LCDG (Contact Notes) and include the interpreter's name and the reason for the services required. The BCCX Plan is updated as needed and lists authorized staff

to serve as translators and inmates identified to be Limited English Proficiency. The LEP list was last updated as of April 2021. A copy of the BCCX LEP Plan (English and Spanish) are required to be maintained in all unit manuals, etc. for staff awareness. BCCX has 5 bi-lingual staff members who have been approved to serve as certified translators. These staff are employed in various departments to include security, education, religious services, and unit teams and provide translation services for the Spanish language.

TDOC has a designated institution (DeBerry Special Needs Facility) for inmates with severe disabilities such as deaf, cognitive disability, and visually impaired to the degree of blind. However, BCCX is the diagnostic center for TDOC, and inmates identified with severe disabilities are only housed short-term. Five inmates with the following disabilities were identified at BCCX during the on-site visit: 1 - cognitive disabled; 1 – legally blind; 1 – hard of hearing; 2 – physically disabled; 1 – Limited English Proficient (Spanish). A staff translator assisted the auditor in conducting the interview for the inmate identified as LEP. The inmate reported a staff member provided translation services for him during the intake process and informed him of various ways to report sexual abuse and/or sexual harassment and his right to free from such. He added he was given a PREA pamphlet and BCCX Inmate Handbook both in his first language Spanish upon his arrival. He stated he has a clear understanding of how to report such allegations and have observed the numerous PREA posters throughout the facility that include the Spanish language. He concluded by stating the PREA video shown during orientation included closed captioning in Spanish. The remaining 4 inmates stated their disabilities did not interfere with their ability to read, listen and/or comprehend the PREA information given to them during intake, orientation, by their counselor, within the BCCX Inmate Handbook, PREA pamphlet and/or the PREA posters on the walls, bulletin boards and/or inmate phones.

Per the Agency Head Designee, TDOC has established procedures to provide inmates with disabilities and inmates 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. She added, while these programs can always be strengthened, TDOC strives to ensure that all offenders regardless of disability or ability to speak English are afforded equal opportunities to all aspects of the Agency' PREA program. Contracts exist for medical, mental health and translation services to provide services to these offenders.

115.16(c) TDOC Index 502.06 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Contact Note LCDG shall be posted identifying the name of the assistor and their organization. During interviews with 20 random staff, they indicated they were aware that inmate interpreters are not to be utilized as an interpreter regarding a PREA allegation as the facility has staff and other services available. Staff was aware of the official staff members assigned to provide translation services.

Confirmation in the use of staff interpreters were presented through documentation via emails and through the Contact Note LCGD while identifying the method of services provided, individual providing translation services, the reason for services provided and date of services were rendered.

Based on the review of policies, Language Translation Services Contract, documentation of translation services utilized, interviews with inmates with disabilities to include LEP, observation of the intake process, observation of orientation, LCDG Contract Notes, and interview with individuals who present orientation, PREA documentation presented to the inmates and analysis, the facility has demonstrated compliance with all the provisions of this standard.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 301.04 Job Requirements
- 3. TDOC PREA Self Declaration Form
- 4. TDOC PREA Questionnaire for Prior Institution Employees
- 5. Hiring and Promotional Records
- 6. Criminal History Background Records Check Documentation
- 7. Interviews with:
- a. Human Resource Supervisor

115.17(a) TDOC Index 301.04 states All applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with inmates shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standards which states that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The human resource staff indicated background checks are on all new applicants to include all TDOC employees, volunteers and contractors prior to being allowed entry as an employee. Staff within the human resource department completes all background checks for all BCCX applicants. A third-party agency completes the initial background check for contract staff only. The annual background checks are conducted by the BCCX human resource staff.

115.17(b) TDOC Index 301.04 states, "The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate." Human resources staff reported that incidents of sexual harassment are considered during the application, interview, background investigation, and orientation processes. Human resources supervisor indicated this is also true for contractors and the agency prohibits the hiring or promotion of anyone who does not meet the requirements of this provision. It also prohibits the acquisition of services from any contractors and services from volunteers who do not meet the requirements of this provision. She added an application process for new hires and/or staff promotions, all are required to complete a PREA Self-Declaration Form. Applicants for new hire and promotion must self-report: 1) if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) have even been convicted of engaging or attempting to engage in sexual activity in the community facilitate by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; 3) have ever been civilly or administratively adjudicated to have engage in sexual activity, sexual abuse, or sexual harassment. The applicants to include those staff seeking promotions acknowledge that their signature certifies the responses provided and understand that false and fraudulent information provided may disqualify them from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date.

115.17(c) (d) (e) TDOC Index 301.04 indicates that a NCIC criminal history record check shall be conducted on all prospective departmental, contract, and TRICOR employees' fingerprints shall be taken and processed on all new or prospective staff assigned to a safety sensitive position. The NIC criminal history record check shall be conducted prior to employment. Per the human resource supervisor, new applicants are able to apply on-line and await to be contacted for an interview or upon reporting to BCCX, they may complete an application and be interviewed by human resource staff upon completion. However, no staff are hired until the return of the completed background check and proper clearance.

TDOC Index 301.04 also states consistent with Federal, State, and local law, the TDOC will make its best effort to contact all prior institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation allegation of sexual abuse. An interview with the human resource personnel, she stated the department staff always complete the PREA Questionnaire and forward to applicants' former employers, requesting information on any prior allegations or sexual abuse or sexual harassment. He stated they rarely receive a completed form back. He added background checks are conducted on all contract workers prior to being allowed to work at the facility through their contracting agency. The human resource staff conducts annual background checks on the 4 agencies who provide contract services that includes two separate Centurion contracts for medical and mental health, Aramark (food service) and TRICOR.

Per the human resource supervisor, annual background checks are conducted on all contract staff within the various departments during the month of July. She stated the human resource department run a NCIC background check during the birthday month of all TDOC staff in addition to a full background check prior to their initiation hiring.

Forty-two new employees were hired at BCCX during the review period. The auditor randomly selected applicants from departments for confirmation of background checks that included TDOC staff, Aramark, Centurion medical and mental health and volunteers in addition to annual staff background checks. The random selection was as follows: 2 Aramark (food service); 3 Centurion (medical); 3 Centurion (mental health); 5 volunteers; 10 TDOC staff; and 6 annual background checks selected from staff selected for a promotion during the 12-month review period.

115.17 (f) (g) TDOC Index 301.04 states all applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with offenders shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standard 115.17 which states the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of an any contractor, who may have contact with inmates, who: a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution. b) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; c) Has been civilly or administratively adjudicated to have engaged in the activity described in (b); d) The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates

An interview with human resource personnel indicated human resource staff forwards an email to all TDOC staff during their birthday month to complete an updated PREA Self-Declaration Form. Upon receipt of the completed form, a new background check is conducted.

Forty-one was identified as being promoted throughout the 12-month review period. The auditor randomly selected 14 TDOC staff for the review of PREA Self-Declaration Sexual Abuse/Sexual Harassment forms, 7 TDOC annual in addition to the selection of 2 Aramark (food service); 4 Centurion (medical); 4 Centurion (mental health); and 20 Volunteers for confirmation. Records indicated applicants were required to complete a Self-Declaration questionnaire regarding all the elements of this standard. There were no discrepancies noted in the selected individuals.

115.17 (h) TDOC Index 301.04 states Material omission regarding such misconduct of a history of sexual abuse and/or sexual harassment, or false and fraudulent information provided regarding criminal history may disqualify the applicant/employee from further consideration for employment and, if employed, shall result in termination of employment. Additionally, the Self-Declaration Application Form states "I hereby certify that to the best of my knowledge and belief, all the information I provide in this form is true, complete, and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered later." Per human resource personnel, any staff to include contractor, volunteer and/or TDOC staff employment would automatically be terminated immediately for providing false information. He concluded he was unaware of such occurrences during his tenure in the department.

115.17(h) TDOC Index 301.04 states that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute. Interviews human resource staff confirmed the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work upon receiving a question are from another correctional facility. The questionnaire is forward to the facility investigator for completion. Upon completion, the questionnaire is returned to the inquiring facility by the HRM. The staff member seeking employment must give prior approval before the questionnaire can be forward for inquiry of their previous employment. A PREA Questionnaire for Prior Institution Employers were reviewed that notes the inquiry of prior sexual abuse/sexual harassment allegations and the signature of the applicant acknowledging the release of information. The auditor requested confirmation of the PREA Questionnaire forwarded to new applicants' prior employers and was presented with a log that is maintained by the human resource department tracking all outgoing letters and responses as applicable. Specifically, human resources forward the questionnaire via certified mail while documenting all identifying information and acknowledging whether a response is returned from the requested agency. The majority of requests were noted as not returned. PREA Questionnaire inquiries are not forward to an applicants' former TDOC facility and/or if the applicant is requesting to be considered for rehire.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated they exceed the requirement to conduct background investigation at least every 5 years. Specifically, TDOC policy requires the facility to ensure a background check is completed every year on all staff during their birth month. Additionally, on a yearly basis each staff member is required to sign a new Self Declaration form.

115.18 Upgrades to facilities and technologies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 108.01 Facility Construction, Renovation, and Physical Plant Maintenance
- 3. TDOC Owner Project Requirement for Designers notes the Designer shall acknowledge with the Design Development Phase (DDP)
- 4. Observation during on-site visit
- 5. Interviews with:
- a. Agency Head
- b. Warden
- c. BCCX PCM

115.18(a) (b) TDOC Index 108.01 indicat4s the Facility Management and Maintenance Director shall ensure whenever the Department is designing or acquiring any new facility, it considers the effect of the design, acquisition, expansion, or modification upon its ability to protect inmates from sexual abuse. the TDOC Owner Project Requirement for Designers states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse."

TDOC 108.01 states when installing or updating the video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology many enhance the agency's ability to protect inmates from sexual abuse.

The TDOC Owner Project Requirement for Designers notes the Designer shall acknowledge with the Design Development Phase (DDP) states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Designer shall consider the PREA impact of how such technology may enhance the TDOC 's ability to protect inmates and staff from sexual abuse. The Designer shall provide a part of the DDP phase submission documentation that the design team has reviewed the facility design and /renovation modifications with regards to PREA related issues with TDOC and the identified issues are to be reflected in DDP and subsequent phase documents. Meeting minutes should reflect blind space issues, camera's location, updating of existing monitoring system sot assist in PREA compliance requirement. It additionally states when installing or updating a video monitoring system, electronic surveillance system, or the monitoring technology, the Designer shall consider the PREA impact on how such technology may enhance the TDOC's ability to protect inmates and staff from sexual abuse.

Observation of during the on-site visit and an interview with the Warden confirmed the ongoing construction project at the female inmate compound will be designated as the special housing unit for the female population. This building is adjacent to the building 28 which is the open dormitory housing unit for female inmates. The Warden explained the housing unit will be a 6-bed restricted housing unit for female inmates. During the design planning of the housing unit great consideration was given to the meet the standards American Correctional Accreditation (ACA) and PREA standards. He added the additional housing unit will include 360-degree video monitoring cameras to the enhance the safety of both staff and the inmate population.

An interview with the Agency Head Designee indicated when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, The ACA and PREA standards are given consideration. All recommendations are processed through the chain of command to the Commissioners. She continued in stating the Commissioners does not approve the recommendations without communicating with the Director of Compliance with the Office of the Inspector General and reviewed by the State-wide PREA Compliance Manager of the Office Inspector General. All facilities have cameras and mirrors installed. Additionally, a budget has been awarded to add and upgrade cameras throughout all TDOC facilities.

Per an interview with the Warden, and BCCX PCM there has been numerous additional video monitoring cameras added throughout the complex since the last PREA audit submitted on May 26, 2019. Per the Warden the upgrades and additional cameras were added as an enhancement to security and to increase the safety of both staff and the inmate population from

sexual abuse. Since the last PREA audit submitted on May 26, 2019, BCCX has upgraded their video monitoring system in addition to installing additional ones throughout. Additional cameras were installed in the following areas: 2 – complex road entrance; 1 in Unit 21 classroom; 1 in Unit 7 Laundry room; 1 in the commissary storage; 2 at Site 2 upstairs property/sanitation area; 2 to Site kitchen dry storage area; 11 cameras were added to the women facility in the housing units, laundry and hallway; 1 storage room in Armory; 1 added to building Q breakroom; 1 added to building 1 Q classroom; 2 added to building Q entrance; 3 added in building P kitchen area; 1 added in women shakedown room (this camera was not installed in a manner that allowed viewing the strip/visual search process). Total 39 cameras added.

Per the Agency Head Designee, the agency utilized video recording systems to monitor and record activities within the facility. This tool is utilized to cover blind spots, to verify allegations, and to hold individuals accountable for their actions.

Based on the review of policies, observation during on-site to include video monitoring installation, interviews and analysis, the facility has demonstrated compliance with provisions a and b of this standard.

115.21 Evidence protocol and forensic medical examinations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy and Community Support Services for PREA Victims
- 3. TDOC Index 502.06.2 PREA Allegations, Investigation and Sexual Abuse Response Team (SART)
- 4. MOU with The Avalon Center (Crisis Center)
- 5. Review of PREA Investigative Case Files
- 6. Interviews with:
- a. Cumberland Hospital Emergency Room Manager
- b. BCCX Facility Victim Advocate
- c. The Avalon Center Director
- d. Warden
- e. OIC Special Agent and OIC Institution Investigator

115.21 (a) TDOC Index 502.06.2 state it is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115). The Agency employs investigators who have received special training in conducting sexual abuse investigations in confinement settings. The Office of Investigations and Conduct Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. An OIC Institution Investigator is assigned and maintains an office at each TDOC facility to conduct administrative investigations. An OIC Special Agent is assigned to aid the OIC Institution Investigator as needed in addition to conducting administrative investigations. The OIC Special Agents are the only staff authorized to conduct criminal investigations. Upon the OIC Institution Investigator reviewing an administrative allegation and determining criminal charges are possible, the investigation is immediately referred to the OIC Special Agent for continuation of the investigation. These investigation procedures were confirmed by the OIIC Institution Investigator, OIC Special Agent and BCCX Warden. Operational Protocol #008 dated July 27, 2019, identifies the Notification and Response Procedure stating "It shall be the protocol of the Investigations Unit to appropriately respond to incidents and/or allegations of sexual abuse which occur on TDOC institutional property. When notification is made in a timely manner, Agents will respond as the situation mandates to the site of examination for the purpose of evidence collection and preservation. The Department's response to sexual assault follows the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," dated April 2013, or the most current version. (1) Upon notification of alleged sexual abuse within any TDOC institution, the institution shall immediately have the alleged victim examined by qualified medical personnel. After the initial examination and collection of clothing for potential evidence, the alleged victim will be transported to the nearest Emergency Room. The ER physician or SANE will perform an examination utilizing a sexual assault evidence kit provided by TBI. This kit will be retained by the ER staff until received by an IU Agent. (2) The responding Agent shall process the alleged crime scene if feasible, receive the evidence from the attending medical staff, conduct an interview with the alleged victim and suspect at the earliest convenience, and determine the appropriate action to best facilitate the investigation. (3) Upon evaluation of all information and evidence obtained, IU staff shall deliver evidence obtained from the investigation to the TBI Crime Laboratory for evaluation as possible evidence.

115.21(b) TDOC has developed an appropriate protocol to coordinate appropriately with the most recent edition on the U.S. Department of Justices' Office on Violence Against Women Publication. The TDOC Operation Protocol was revised on July 27, 2019. The Notification and Response Procedure identify the following: (1) It shall be the protocol of the Investigations Unit to appropriately respond to incidents and/or allegations of sexual abuse which occur on TDOC institutional property. When notification is made in a timely manner, Agents will respond as the situation mandates to the site of examination for the purpose of evidence collection and preservation. The Department's response to sexual assault follows the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic

Examinations, Adults/Adolescents," dated April 2013, or the most current version. (2) Upon notification of alleged sexual abuse within any TDOC institution, the institution shall immediately have the alleged victim examined by qualified medical personnel. After the initial examination and collection of clothing for potential evidence, the alleged victim will be transported to the nearest Emergency Room. The ER physician or SANE will perform an examination utilizing a sexual assault evidence kit provided by TBI. This kit will be retained by the ER staff until received by an IU Agent. (3) The responding Agent shall process the alleged crime scene if feasible, receive the evidence from the attending medical staff, conduct an interview with the alleged victim and suspect at the earliest convenience, and determine the appropriate action to best facilitate the investigation. (4) Upon evaluation of all information and evidence obtained, IU staff shall deliver evidence obtained from the investigation to the Tennessee Bureau of Investigations (TBI) Crime Laboratory for evaluation as possible evidence. (5) The Agent will present all evidence in the case to the appropriate District Attorney for review, adoption, and prosecution of any suspects.

115.21 (c) TDOC 502.06.3 indicate upon receiving a report of an alleged sexual abuse within the 72-hour time frame members SART that includes medical staff and the OIC institution Investigator shall determine if SAFE/SANE response is indicated at an outside medical facility. If the services of an outside medical facility are determined to be warranted, the victim shall be transported by security to an outside medical facility with SAFE/SANE personnel for a forensic examination at no cost to the victim. Upon receiving a report to an alleged sexual abuse outside of the 72-hour time frame, SART members shall determine if SAFE/SANE response is indicated at an outside medical facility with SAFE/SANE personnel. The alleged victim shall be transported only to medical facilities trained and equipped with SANE personnel. If SAFE/SANE personnel cannot be made available, the forensic examination can be performed by other qualified medical practitioners. The medical member of the SART shall document the efforts to provide SANE services. TDCO and BCCX does not authorize forensic medical examinations to be conducted at any TDOC facilities. All forensic medical examinations are required to be conducted at an outside qualified medical facility (hospital). Interviews with the BCCX PCM, medical staff and mental health staff each confirmed the facility is scheduled to utilize the local Cumberland Medical Center 79 S Main Street Crossville, TN for all forensic examinations. There were 0 inmates involved in sexual abuse allegations that would require a forensic medical examination. Although there were 2 substantial sexual abuse investigative findings, these staff on inmate cases did not include sexual penetration (kissing only). However, the auditor requested the most recent sexual abuse case file where penetration was alleged. The allegation was reported on April 4, 2019. The alleged victim was escorted to the Cumberland Medical Center where documentation supports a forensic medical examination was completed. Due to the inmate having been previously transferred and released from TDOC his medical file was not available for review. However, the investigative report did document a forensic examination was conducted. As of the submission of this report, the results of the DNA sampling remain pending, and the court hearing remain pending. This investigative case was included in the last PREA Audit Report dated May 29, 2019.

The Cumberland Medical Center Emergency Room Director confirmed upon an inmate reporting to the facility for a forensic medical examination, the hospital would make every effort to contact a SANE to perform the forensic examination. She continued that upon an inmate's arrival for a forensic medical examination, a male SANE and/or qualified male medical practitioner would conduct the SANE examination of a male victim and a female SANE and/or female qualified medical practitioner would conduct the forensic examination on female victim. She stated due to the shortage of practitioner medical staff to include SANE, they are not regularly scheduled for duty but are always on-call and report as needed when available. At times, a SANE is unavailable, a qualified medical practitioner of the same sex would conduct the forensic medical examination.

115.21(d) (e) TDOC and BCCX have established a Memorandum of Understanding (MOU) with the Avalon Center of Crossville to provide confidential crisis counseling to victims suffering from sexual assault. The MOU was signed on April 17, 2015, by the TDOC Commissioner and The Avalon Center Director of Internal Affairs. Per interviews with the TDOC Statewide PREA Coordinator and The Avalon Center Director of Internal Affairs, the MOU remains in effect. The MOU outlines The Avalon Center agrees to the following: 1) Maintain confidentiality of survivors of sexual violence who are incarcerated at BCCX and Morgan County Correctional Complex (MCCX); 2) Maintain available crisis counseling through organization s' crisis hotline at any time, and/or 24-hours a day; 3) Work with designated BCCX and MCCX officials to obtain security clearance and follow all institution al guideline s for safety and security; 4) Maintain confidentiality as outlined in the Avalon Center confidentiality policy; 5) Provide training for BCCX MCCX staff; 6) Communicate any questions or concerns to the TDOC State-wide PREA Coordinator and/or Statewide Inmate PREA Victim Advocate. Per an interview with the BCCX PCM the MOU was established to ensure qualified personnel provide services as victim advocates and they the crisis center meets the mandate as such.

Inmates may reach the center by calling *9555 from the inmate phone system or by calling 1-800-641-3434 from outside the facility. The phone calls are not monitored or recorded. Inmates may also address confidential mail to The Avalon Center at P.O. Box 3063 Crossville, TN 38557.

The auditor conducted an interview with the Director of Internal Affairs for the Avalon Center who has been employed with the Avalon Center for 16 years. She stated the facility often receive calls from inmates at the BCCX and sometime the

inmates want to discuss BCCX and other they want to discuss prior sexual abuse and/or domestic abuse they encountered prior to incarceration. She added during her tenure the Avalon Center has not been asked to victim advocate to the Cumberland Medical Center per a request of an inmate as a victim of sexual abuse. Staff who serve as the center's victim advocates are on call 24 hours daily and their response time is 30 minutes or less. Procedures are to report to the hospital and speak with the victim, however the victim has the option of accepting the services. The victim accepts services, the advocate remains with the victim through the forensic examination and walk them through the process while offering support services and coping skills to deal with the sexual abuse.

115.21 (f) TDOC 502.06.2 states Sexual Abuse Response Teams (SART) members/investigators who have received special training in conducting sexual abuse investigation in confinement setting shall investigate all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively, including third-party and anonymous reports. Investigations Unit Special Agents shall be contracted immediately when circumstances warrant further actions pursuant to criminal findings. Per interviews with the OIC Institution Investigator and OIC Special Agent in Charge of East Tennessee Office of Investigations and Conduct both are responsible for conducting administrative and criminal investigations for the agency. A review of the PREA investigative cases files reported during the review confirmed the investigations were completed by the OIC Institution Investigator (TDOC staff) and not an outside agency.

115.21(g) Auditor is not required to audit this provision.

115.21 (h) In addition to victim advocate services provided to the inmate population by The Avalon Center, the BCCX Warden has designated a mental health professional to serve as the facility victim advocate. The mental health professional's experience, and education exceeds the requirements set by the PREA standards to fulfill this position. Her education includes but is not limited to a master levels degree in psychology, social work, and counseling. She stated she has not specifically served in the capacity of a victim advocate at BCCX during her tenure as there has been any inmates who elected to receive such services and sexual abuse to include penetration has not been identified.

The auditor conducted interviews with 3 inmates who reported and/or was determined involved in a sexual abuse incident. Two inmates who reported allegations of inmate-on-inmate sexual abuse investigations were determined as unfounded. Both inmates stated they were already on the mental health caseload, and they did not require additional services such as a victim advocate. There were 2 staff on inmate reported sexual abuse allegations during the 12-month review period and both were determined as Substantiated. Per the facility victim advocate, BCCX PCM and the 1 inmate who continued to be designated at BCCX during the on-site visit, victim advocate services were not requested.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigation and SART
- 3. BCCX Index 502.06.2-1 PREA Allegations, Investigation and SART
- 4. PREA PAS Tracking log (PREA Allegation System)
- 5. Review of PREA Investigative Case Files
- 6. Interviews with:
- a. OIC Special Agent in Charge and OIC Institution Investigator
- b. Warden
- c. Agency Head Designee

115.22(a) TDOC Index 502.06.2 states, "It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner. The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responders and Sexual Assault Response Team (SART), which includes medical and behavioral health practitioners, institutional investigator, and facility leadership. These investigations shall be conducted within 72 hours of receiving the allegation. Interviews with the OIC Institution Investigator and OIC Special Agent indicated normally the initial investigation begin on the same day of the reported allegation as it required to be documented in the PREA Allegation System within 24 hours of being reported. Per the review of PREA Allegation Report (tracking report), interview with OIC Institution Investigator, TDOC State-wide PREA Coordinator, and review of PREA investigative files,13 PREA allegations were reported during the 12-month review period of January 1, 2021 – December 31, 2021. An administrative investigation was completed for each of the 13 reported allegations that included sexual abuse and sexual harassment allegations.

An interview with the Agency Head Designee indicated TDOC conduct both administrative and criminal investigations. An Office of Investigations and Compliance (OIC) Institution Investigator is assigned at all TDOC facilities to conduct administrative investigations and Office of Investigation and Conduct Special Agents are assigned and authorized to conduct both administrative and criminal investigations. The OIC Special Agent's office is not on-site at the facility. All PREA allegations are required to be documented and uploaded in the PREA Allegation System (PAS) within 24 hours of being reported. There are times when the District Attorney's Office will accept a criminal case for prosecution but not all criminal cases are accepted, it is determined on the circumstances and sufficient evidence.

115.22(b) TDOC Index #502.06.02 and interviews with the Warden, OIC Institution Investigator and OIC Special Agent in Charge noted that all allegations of sexual abuse or sexual harassment are investigated by Investigators and Agents employed within the Tennessee Department of Corrections. The OIC Special Agent Investigators has the legal authority to conduct all reported TDOC investigations to include sexual abuse regardless of whether the allegation involves potentially criminal behavior. The OIC Special Agent in Charge and OIC Institution Investigator confirmed when a sexual abuse investigation determines there is a possibility of criminal charges within the reported allegation, the case is immediately referred to the OIC Special Agents for completion. If the investigation reveals criminal charges, the OIC Special Agent then refer the case to the State Assistant District Attorney for prosecution as applicable. There were 2 substantiated staff on inmate sexual abuse cases. The staff members involved was terminated but criminal charges were not pursued due to the prohibited acts did not include sexual penetration.

Per the Agency Head Designee, if a PREA allegation is made, an investigation is completed and documented the PREA Allegation System. Both types of investigations are completed in the same way initially by the OIC Institution Investigator. After the initial response of separating, securing the scene, and collecting evidence, both the victim and aggressor are interviewed. Corroborating evidence is sought, and a determination is made regarding the level of the allegation could possibly be a criminal case, the case is referred to the OIC Special Agent for additional review and prosecution if applicable

The auditor reviewed the TDOC website at www.Tennesseedepartmentofcorrections. TDOC included a section regarding investigation of sexual assault and sexual misconducts. The department is dedicated to producing quality investigations of alleged sexual abuse incidents. All investigators receive specialized training specific to sexual assault in correctional

institutions. The TDOC Law Enforcement Unit, in consultant with the department legal office, aggressively refer substantiated cases of sexual assault by offenders or employees to the local district attorney's office for criminal prosecution.

115.22(c) TDOC is responsible for conducting all sexual abuse and sexual harassment investigations. Therefore, this provision is not applicable.

115.22 (d) Auditor is not required to audit this provision.

Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

115.31 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
- 3. TCA PREA Training Lesson Plans
- 4. PREA Training Documentation
- 5. Interviews with:
- a. BCCX PCM
- b. BCCX Training Staff
- c. Random staff

115.31(a) TDOC Index 502.06 states, "The Tennessee Correction Academy (TCA) will be responsible for the development and distribution of the course lesson plans annually. All lesson plans or materials utilized for pre-service and in-service training on inmate sexual abuse and sexual harassment shall be approved by State-wide PREA Coordinator and TDOC General Counsel. The TDOC Academy Program Curriculum course code GEN-4-18 Lesson Title PREA Inmate Sexual Abuse/Assault is a two-hour course for developed for both pre-service and in-service. The course includes lecture and guided group discussion. The course includes the course objective, the PREA of 2003, definitions, inmates' right to be free from sexual abuse and sexual harassment, retaliation, understanding the dynamics of sexual abuse/sexual harassment in confinement, vulnerable populations, detecting signs of sexual abuse/harassment and the appropriate reporting response, how to avoid inappropriate relationships with inmates, effective professional communication with inmates to include lesbian, gay, bisexual, transgender, intersex or gender nonconforming and reporting of PREA allegations to outside authorities.

115.31 (b) (c) TDOC Index 502.06 states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." TDOC utilizes the TCA PREA lesson plans, that covers the 10 topics specified in this provision. The training was developed for the TDOC Academy Program Curriculum course code GEN-4-18 Lesson Title PREA Inmate Sexual Abuse/Assault was developed for both staff assigned to work with both male and female inmates. This training is utilized during both pre-service and in-service. The training is designed for officers to be able to function in both female and male facilities and population. BCCX houses both on separate compounds where staff may be assigned to work at either site.

A review of staff training records confirm staff completed the required PREA training. Random staff interviews (20) that included maintenance, education, programs, clerical, mail room, security staff, religious services, warehouse, Job Coordinator, and additional contract workers all reported they complete PREA training annually during in-service training.100% of the random staff interviewed reported the in-service training contains all the information required by this provision. Although PREA training is completed annually, the fiscal year for TDOC is July 1st through June 30th of the following year. Staff are scheduled throughout this period to attend training. Anyone who does not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) are required to completed the training upon their return to work and prior the end of the fiscal year. New hires continue to complete PREA training during their orientation in Day 1 CORE Training during the two-week training held at the facility. All security staff complete annual refresher PREA training group classroom sessions but on-line during CORE Training. Non-security staff completes annual refresher PREA training individually via computer through NIC. To determine staff's knowledge and understanding of the PREA education received, the auditor presented staff with a variety of scenarios during the interview process. The 20 staff selected for random interviews and all facility appointed specialized staff were knowledgeable of their response as a first responder and duty to report.

115.31(c) (d) The Department shall provide each employee with refresher training annually to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. The auditor requested and received an LMS computer generated roster of all staff completion of PREA training. This computer-generated noted staff completion of PREA training to include for July 1, 2020, throughout June 1, 2021. This list also includes contract staff. In addition to the auditor receiving the Learning Management System (LMS) training, the sign-in rosters with staff signatures were presented confirming completion of PREA training.

TDOC Index 502.06 states, "The TCA Department and facilities shall document, through employee signature or electronic verification that employees understand the training they have received using Employee PREA Training Acknowledgement, CR-3965. An interview with the training staff, she confirmed on the staff 1st day of employment, they are shown the PREA video, and the instructor presents a two hour course that include the following topics: TDOC zero-tolerance policy on sexual abuse and sexual harassment; definitions related to PREA; Inmates right to be free form sexual abuse and sexual harassment; retaliation; understanding the dynamics of sexual abuse/sexual harassment in confinement; vulnerable populations LGBTI); detecting sign of sexual abuse/harassment and the appropriate reporting response, how to avoid in appropriate relationships with inmates, effective professional communication with inmates; and reporting of PREA allegations to outside authorities.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance of this standard. The facility provides refresher PREA training for employees annually rather than every two-year requirement. Additionally, there is PREA education on bulletin boards and throughout the institution, and all staff to include security, non-security, contractor and volunteers are issued PREA refresher cards that are attached to their identification in addition to staff responses during the interview process confirms the commitment of BCCX to TDOC policies and the Department of Justice PREA standards with continuous PREA education.

115.32 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
- 3. TDOC TDCO Volunteer Services Curriculum
- 4. PREA Training Records for Volunteers and Contractors
- 5. Learning Management System PREA Training Documentation
- 6. Interviews with:
- a. Volunteer Chaplain
- b. Chaplain
- c. Contractors

115.32 (a), (b) (c) TDOC 502.06 identifies the definition of employee as any full-time or part-time staff member, TRICOR employees, volunteer, vendor, intern, contractor, or employee of a contractor. TDOC Index 502.06 states each facility shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under TDOC's sexual abuse and sexual prevention, detection and response policies and procedures. Volunteers shall receive their PREA training in accordance with Policy #115.1. Training acknowledgement, for volunteers and contractors shall be documented through signature, on CR-3965, notating that they understand the training received. TDOC Index 110.01 states that part-time employees, volunteers, contract staff and other transferring employees, part-time employee, volunteer, contract staff and employees who are permanent transferring from one location to another shall receive a minimum of 20 hours of work site orientation appropriate to their assignment that includes PREA (TDOC-curriculum or National Institution of Corrections (NIC) on-line course. Volunteers and contractors who have minimal inmate contact receive the pre-service training in addition to PREA training annually.

The BCCX Chaplain was unavailable for an on-site visit. However, an interview was conducted with the Volunteer Chaplain. He stated COVID-19 volunteers' entrance into the facility was suspended from March 2020 until May 2021. As of the on-site visit, 275 volunteers were approved for entry at BCCX. All were required to complete an update background check and refresher institution and PREA training prior to resuming volunteer services. The auditor reviewed the various binders maintained by the Chaplain that was extremely organized with documentation of each approved volunteers' confirmation of institution and PREA training in addition to the volunteers PREA Self-Declaration Form. The auditor randomly identified 20 volunteers for confirmation of PREA training. Those randomly selected were easily accessible for review as individual files were created for each. All volunteer files were extremely organized by the Chaplain office and maintained confirmation of PREA training by the volunteer's signature of understanding the PREA training provided to include the Volunteer Confidentiality and Policy Agreement Training Certification received. A copy of the TDOC Volunteer Services Lesson Curriculum was provided to the auditor for review that included what is PREA, the various definitions in reference to the PREA standards and how to report PREA. The Volunteer Chaplain acknowledged receipt of PREA training himself and was aware of his responsibility as a volunteer to report immediately to BCCX security staff and the BCCX Chaplain information regarding any information reported to him and/or he became aware of suspicious and/or known PREA allegations. He stated he has served as a volunteer for 16 years and has never become knowledgeable of any PREA allegations but has received PREA training from the various facility Chaplains during his tenure as a volunteer at BCCX.

The auditor interviewed 7 contract staff that included the following departments: mental health, medical, food service (Aramark) and TRICOR. As of the on-site visit contract workers for each department were identified as the following: medical and mental health = 139; Aramark = 14; TRICOR =11. The auditor conducted interviews with contractors from each department. All contract workers confirmed they initially received PREA training during pre-service and complete refresher PREA training annually through an on-line NIC course. The fiscal year training cycle determined by TDOC is July 1st through June 30th of the following year. All contract staff complete PREA training during pre-service and annually that is monitored for completion and documented by the TDOC Training Specialist. Additionally, supervisory staff within these departments maintain completion of staff PREA training.

115.32(c) Each volunteer and contractor receive their PREA training. Interviews were conducted with newly hired contract staff and seasoned contract staff. Interviews with contract staff confirmed they attend the Non-Academy Pre-service

Orientation training for new employees and attend annual in-service training through the on-line PREA training course through NIC. Contract employees acknowledged receiving their initial PREA training at the facility prior to reporting to their official position and having contact with the inmate population. Training staff is responsible for monitoring the completion of contract employee's training and includes it on the LMS. Various departments also maintain a roster with staff signatures acknowledging completion of annual PREA training. The Chaplain presents the pre-service to all volunteers prior to their entry as a volunteer. and annually during a Volunteer Banquet held within the local community. PREA training is presented through utilization of the TDOC Volunteer Training Curriculum. This curriculum was presented for review.

An interview with the training staff confirmed on new staff 1st day of employment, new hires are shown the PREA video, and the instructor discusses the PREA policy that includes staff prohibited relationships with inmates, inmate families/friends and immediately reporting any knowledge, suspicion of sexual abuse and/or sexual harassment. The PREA training slide shown includes the PREA definitions.

The auditor requested and received a Learning Management System (LMS) computer generated roster of staff completion of PREA training as the LMS include training for contract staff in addition to TDOC staff. This computer-generated list noted BCCX staff completion of PREA training during TDOC FY training of July 1, 2020 – June 20, 2021, and FY July 1, 2021, that will continue through June 30, 2022.

The auditor reviewed a sample of PREA training confirmation for various vendors who provided services at the complex to include those vendors assigned to the construction project of the new special housing unit on the female compound. Vendors receive PREA training prior to entering and acknowledge their understanding of the PREA education presented to them prior to entry and possible contact with the inmate population. PREA training provided to the various contractors and volunteers was based on the services they provide and level of contact they have with inmates.

Based on the review of policies, training lesson plans, completion of training documentation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

| 115.33 | Inmate education |
|--------|-----------------------------------------------|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
- 3. BCCX Plan for Providing Inmates with Limited English Proficiency Access to Programs and Activities (As required by the Civil Rights Act of 1964)
- 4. PREA Hotline signs (English and Spanish)
- 5. BCCX Inmate handbook
- 6. PREA Sexual Assault Awareness Brochure (English and Spanish)
- 7. Inmate TDOC Orientation Acknowledgement Forms
- 8. Observation on site
- 9. Interviews with:
- a. BCCX PCM
- b. Intake Staff/Staff Who Conduct Risk Screening
- d. Random inmates and Targeted Inmates

115.33(a)(b) (c) TDOC Index 502.06 states all inmates entering the TDOC system shall receive verbal and written information concerning sexual abuse within 24 hours of intake. Each facility shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor attended the intake process of newly arriving inmates. During the risk screening conducted by intake counselors, inmates were given a PREA pamphlet. Upon being personally issued the TDOC PREA pamphlet, the intake counselor advised the inmate of their right to be free from sexual abuse and sexual harassment and various ways to report it while asking each inmate if they had questions prior to departing the private screening area.

As the BCCX main site is the diagnostic center for newly committed TDOC male inmates. BCCX is also a time-building facility for male and female inmates held separately at the Site 2, and Annex. PREA education is presented to every inmate who arrives at the BCCX, the level of deliverance to the inmates varies. Such as the intake process for newly arriving inmates, the diagnostic center receives a more intensive PREA education training presentation as this could be their first awareness of the PREA. At the completion of risk screening the orientation process continues prior to reporting the housing units. All inmates are seated in a large classroom at an individual desk where the PREA: "What you need to know?' is shown on a large monitor. The video is shown in English with Spanish captaining. Inmates are given a Sexual Assault Awareness Orientation packet. The orientation packet is extremely thorough in explaining the meaning of PREA, consequence of sexually assaulting other inmates, sexual assault avoidance, reporting sexual assault, victim's referral to mental health, possible criminal prosecution and disciplinary write-up, facts related to sexual assault, national statistics, definition of sexual assault, inmate terminology, sexual assault awareness, characteristics of sexually aggressive inmates, characteristics of inmates that may be targeted as victims or prey.

At the conclusion, inmates were asked if they understood the information provided to them in the PREA video and the Sexual Assault Awareness packet. Inmates are issued a BCCX Inmate Rules and Regulations Handbook that includes methods to report PREA allegations of sexual abuse and sexual abuse via calling *9222 in English and Spanish. The Inmate Handbook notes "The Avalon Center of Crossville has a Memo of Understanding with the Bledsoe County Correctional Complex to provide confidential crisis counseling to victims suffering from sexual assault. Their mailing address is: The Avalon Center PO Box 3063 Crossville, TN 38557. The Avalon Center can be reached by calling *9555 from the Inmate Phone System or by calling 1-800-641-3434 (from outside the prison)."

Each inmate acknowledges their signature on a TDOC Orientation Acknowledgement that they have received all noted PREA material information prior to reporting to their assigned housing unit. Documentation is maintained by staff in the inmate's file.

Inmates who arrive at the BCCX at one of the time building facilities such as those who have transferred from other TDOC facilities receive a refresher course of PREA education. This refresher PREA training includes observation of the PREA video "PREA: What You Need to Know," receipt of an institution handbook and a TDOC PREA pamphlet. Overall inmates reported having received comprehensive orientation was completed within 30 days of their arrival.

Per the PAQ the BCCX identified 4334 /4787inmates entered the complex during the 12-month review period. The BCCX PCM identified an error was made in the submission of the number 4334. She also provided a detailed monthly listing of all inmates entering BCCX during the 12-month period of January 1, 2021 – December 31, 2021, and the correct number of inmates was identified a s 4787. A review of the inmates' day of arrival and confirmation of received PREA education confirmed all inmates acknowledged receipt of PREA education on the day of their arrival at BCCX.

The auditor randomly selected 90 inmates for confirmation of PREA education within 30 days of their arrival at BCCX in addition to conducting interviews with 52 inmates at the various sites. Documentation supported all inmates acknowledged receipt of PREA education via their signature on the CR-2110 TDOC Orientation Acknowledgement forms. Inmates acknowledged viewing the PREA information and observing the PREA video.

The auditor observed the intake process during the on-site visit for 3 inmates in the designated intake area. Upon completion of the intake process that included being screened by intake staff, medical and mental health, the inmates receive orientation. The inmates are seated at individual desk and observation of the PREA video is the first step of orientation

115.33 (d) (e) TDOC Index 103.10 and TDOC Index 502.06 states, "The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Interpreter services are available and documented in the Contact Note LCDG. BCCX has assigned bi-lingual staff who serve officially as translators as needed for the Spanish population inmates. TDOC Index 103.10 states that inmates will be provided orientation information in formats accessible for all inmates. Inmates are provided with a Sexual Abuse Brochure in both English and Spanish. A 16 minutes PREA video titled "PREA: What You Need to Know" is played in the intake area upon the inmate's admission and is available in English and Spanish. The BCCX Plan for Providing Inmates with Limited English Proficiency Access to Program and Activities (As required by the Civil Rights Act Of 1964) was provided for review. An assessment is completed by the Property Officers upon arrival to BCCX for their ability to speak/understand English. Any inmate who cannot understand verbal instructions will be presented with the Language Identification Flashcard to determine which language the inmate speaks of if he has a literacy problem. During orientation should the unit management staff notice that an inmate's knowledge is insufficient to understand what is being discussed, an interpreter will be provided as soon as possible. A staff interpreter must be considered first. The services will be documented on TOMIS Conversation LCDG (Contact Notes). TDOC has a designated institution (DeBerry Special Needs Facility) for inmates with severe disabilities such as deaf, cognitive disability, and visually impaired to the degree of blind. However, BCCX is the diagnostic center for TDOC, and inmates identified with severe disabilities are only housed short-term. Five inmates with the following disabilities were identified at BCCX during the on-site visit: 1 - cognitive disabled; 1 - legally blind; 1 - hard of hearing; 2 - physically disabled; 1 - Limited English Proficient (Spanish). A staff translator assisted the auditor in conducting the interview for the inmate identified as LEP. The inmate reported a staff member provided translation services for him during the intake process and informed him of various ways to report sexual abuse and/or sexual harassment and his right to free from such. He added he was given a PREA pamphlet and BCCX Inmate Handbook both in his first language Spanish upon his arrival. He stated he has a clear understanding of how to report such allegations and have observed the numerous PREA posters throughout the facility that include the Spanish language. He concluded by stating the PREA video shown during orientation included closed captioning in Spanish. The remaining 4 inmates stated their disabilities did not interfere with their ability to read, listen and/or comprehend the PREA information given to them during intake, orientation, by their counselor, within the BCCX Inmate Handbook, PREA pamphlet and/or the PREA posters on the walls, bulletin boards and/or inmate phones.

115.33(f) The auditor observed PREA information to be continuously and readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in both English and Spanish. Inmates acknowledge being provided with personal copies of PREA pamphlet and the facility inmate handbook that includes information the inmate's right from sexual abuse and sexual harassment, how to report sexual abuse, sexual harassment, and their right to free from retaliation for reporting and/or cooperation with an investigation to reference as needed. Additionally, during formal and informal interviews with the inmate population, all acknowledged awareness of PREA education posted throughout the complex at all sites.

Based on the review of policies, inmate files, inmate interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigation, and SART
- 3. TDOC Index 107.01 Office of Investigation and Compliance Unit Authority, Responsibility, Personnel Selection and Training
- 4. Documentation of Specialized Training for Agency Investigators
- 5. Interviews with:
- a. OIC Institution Investigator
- b. OIC Special Agent in Charge for the East Region

115.34(a) TDOC Index 502.06.2 states SART team members/investigators who have received special training in conducting sexual abuse investigations in confinement settings shall investigate all allegations of sexual abuse and sexual harassment. Unit Special Agents shall be contracted immediately when circumstances warrant further actions pursuant to criminal findings. TDOC 107.01 states: All newly selected OIC Special Agents will attend and successfully complete at a minimum, an accredited law enforcement academy (e.g., Tennessee Correction Academy, Tennessee Bureau of Investigation, Memphis Police Academy, Walter State Community College, etc.) by Tennessee Police Academy, Tennessee Bureau of Investigation and the online PREA training titled: Conducting Sexual Abuse Investigations in a Confinement Setting through the National Correction Institution (NIC). An interview was conducted with the OIC Special Agent in Charge for East Tennessee who is also the supervisor of the OIC Institution Investigators at BCCX.

The OIC Special Agent in Charge assigned to BCCX has an employment history of over 32 years within the federal and state government law enforcement agencies that includes the Department of Homeland Security and the United States Secret Services prior to employment with the TDOC. Therefore, based on his prior law enforcement and investigation experience with these and other law enforcement agencies, he was not required to attend the Tennessee Police Training Academy, Tennessee Bureau of Investigations, and the Tennessee Law Enforcement Academy. His prior law enforcement experience exceeded the requirements of the TDOC investigators training

The OIC Special Agent in Charge and the OIC Institution Investigator are authorized to conduct administrative investigations. The OIC Special Agents conduct all criminal investigations in addition to all administrative investigations where criminal charges could possibly be determined. The OIC Institution Investigators and the OIC Special Agent assigned for BCCX have completed the National Institution of Corrections Training title "Conducting Sexual Abuse Investigations in a Confinement Setting" that certifies them to conduct investigations for alleged sexual abuse and sexual harassment. Information covered during investigator training included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. An interview with the designated BCCX OIC Institution Investigator and review of the 13 completed administrative PREA case files confirmed staff who completed the administrative cases investigations had at a minimum completed the required training "PREA training titled: Conducting Sexual Abuse Investigations in a Confinement Setting." There were no PREA allegations that supported criminal charges.

115.34(b) OIC Special Agents are sworn law enforcement officers for the TDOC and have arresting authority. An interview with the OIC Special Agent in Charge indicated he was exempt from completing the required TDOC Investigator's training due to his past 32 years' experience in law enforcement to include but not limited to The Department of Homeland Security and the United States Secret Service. The investigations and law enforcement training he received prior to employment with the TDOC as a OIC Special Agent in Charge exceeds the required training for TDOC investigative staff.

Certificates of completion confirmed the OIC Special Agent in Charge and the OIC Institution Investigators completed an investigation course through the National Institution of Corrections Training title "Conducting Sexual Abuse Investigations in a Confinement Setting." This training course fulfill the standard requirements in training to participants to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act standards. Training includes the definition, purpose, history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations.

115.34(c) The Department shall maintain documentation that agency investigators have completed the required specialized training "PREA training titled: Conducting Sexual Abuse Investigations in a Confinement Setting" through the National

Correction Institution (NIC). Certificates of completed training for the OIC Special Agent in Charge and the OIC Institution Investigative staff were presented to the auditor.

Based on the review of training lesson plans, training records, interviews with OIC Institution Investigators and OIC Special Agent, BCCX meets all provisions of standard 115.34.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06 PREA Implementation, Education and Compliance
- 3. TDOC Index 502.06.3 Medical, Mental Health, Victim Advocacy, and Community Support Services for PREA Victims
- 4. National PREA Resource Center Lesson Plan Specialized Training: PREA Medical/Mental Health Care Standards
- 5. Medical and Mental Health Staff Signature Rosters
- 6. Interviews with:
- a. Health Services Administrator and Behavior Health Administrator

115.35(a) TDOC Index 502.06 states all full and part-time medical and mental health care practitioners who work regularly in the facility shall be trained in: how to prevent, detect, and respond to acts of sexual abuse or sexual harassment. Medical and mental health staff are contract employees who must complete the agency's PREA training and medical and mental health specialized training received from designated supervisory instructor contract staff within the department. The policy states all full and part-time medical and mental health care practitioner who work regularly in the facility shall be trained in:

(a) How to detect and assess signs of sexual abuse and sexual harassment; (b) How to preserve physical evidence of sexual abuse; (c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (d) How and to who report allegations or suspicions of sexual abuse and sexual harassment; (e) This training shall be documented on the TDOC training Roster, CR-2245, and copies provided to the facility training specialist.

Interviews with the BCCX Health Services Administrator and Behavior Health Administrator confirmed medical staff and mental health staff are required to complete Specialized Training for medical and mental health. Per their interviews, they acknowledged completing the Specialized Training: PREA Medical and Mental Care Standards a developed by the National PREA Resource Center. Per both supervisors, all staff within their departments are required to complete the specialized training upon beginning employment in the department and annually. The Behavior Health Administrator stated he and the Mental Health Counselor deliver the training presentation annually to staff within the mental health department in addition to all new staff.

The Health Service Administrator stated she and the Director of Nurses deliver the required specialized PREA training course annually to staff within the medical department. The training material includes four modules: Module 1 - Detecting and Assessing Signs of Sexual Abuse and Harassment; Module 2 – Reporting; Module 3 - Effective and Professional Responses and Module 4 - The Medical Forensic Examination and Forensic Evidence Preservation.

115.35(b) TDOC Index 502.06.3 stated upon receiving a report of an alleged sexual abuse within the 72-hour time frame SART members shall determine if SAFE/SANE response is indicated at an outside medical facility. If the services of an outside medical facility are determined to be indicated, the victim shall be transported by security to an outside medical facility with SAFE/SANE personnel for a forensic examination at no cost to the victim. Per interviews with medical staff, all forensic examinations are performed off-site at the local medical facility, Cumberland Health Center located at 79 S Main St. Crossville, TN. There have not been any inmates involved in a sexual abuse incident that required for a forensic medical examination since April 4, 2019. The auditor reviewed the case, and the facility continues to await the results for the DNA testing.

115.35(c) TDOC 502.06 documents that medical and mental health specialized be documented on the TDOC Training Roster, CR-2245, and copies provided to the facility training specialist. The auditor was provided training roster, CR-2245 noting completion of specialized training for both medical and mental health staff. Although TDOC policy states the specialized training will be documented on the CR-2245 form, staff within these departments did not utilize the CR-2245 form. However, all medical and mental health staff did document their signature acknowledging completion of the required training on departmental rosters.

115.35 (d) TDOC Index 502.06 definition of an employee as any full-time or part-time staff member, TRICOR employees, volunteer, vendor, intern, contractor, or employee of a contractor. Each facility shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under TDOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Training acknowledgment for contractors shall be documented through signature, on CR-3965, notating that they understand the training received. The auditor

reviewed training records showing medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31 and §115.32.

Per the BCCX Training Specialist, all medical and mental health staff are required as other TDOC staff to attended and passed the TDOC PREA training. Although the BCCX PCM identified 164 medical and mental health staff, the correct number for these contract staff is 139. Staff within these departments are contracted through 2 separate contracts with Centurion. In additional to regular PREA training, staff within these departments are required to receive specialized PREA training annually. The specialized training is required upon hiring and again annually. A stated by both medical and mental health supervisors, staff complete the annual PREA training on-line through the National PREA Resource Center. Confirmation of mental health and medical staff completion of mandated PREA training as TDOC staff was provided via the copies of the Learning Management System (LMS) with entries made by the BCCX training specialist. Course documentation is also maintained by the department supervisor.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06 PREA Implementation, Education and Compliance
- 3. TDOC Index 502.06.3 Medical, Mental Health, Victim Advocacy, and Community Support Services for PREA Victims
- 4. Interviews with:
- a. Staff Who Conduct Risk Screening
- b. Inmates

115.41(a) TDOC Index 502.06.1 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the TDOC to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. The agency uses the PREA Screening System Application located on the TDOC intranet to assess an inmate's risk of sexual victimization and risk of sexually abusing other inmates. Interviews with the Intake Staff and unit management staff indicated the PREA Screening System is utilized to conduct screening for the risk of sexual victimization and abusiveness. 100% of the sample was screened using the PREA Screening form. The initial risk screening assessment is completed upon arrival to BCCX by the intake staff (counselors). The auditor attended the inmate intake screening process during the on-site visit and observed intake staff conduct screening for the risk of victimization and abusiveness for inmates who arrived on the incoming bus. The risk screening process begins within minutes of the inmates' arrival at BCCX. The screening staff conducted the risk screening in a private area separately and without sight and sound from other staff and inmates.

115.41(b) TDOC Index 502.06.1 directs that classification or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application within 72 hours of arrival at a facility. The BXXC PCM stated she incorrectly entered the number for inmates who reported to the facility during the 12-month review period and those who stayed 72 – hours or longer. The BCCX PCM noted 4334 rather than the correct number of 4787 inmates as previously documented in the BCCX Facility Information. This error resulted in the OAS calculation of only 90.5% inmates being screened rather than 100% identified by BCCX staff. The auditor randomly selected 90 inmates from each of the 12-month review period for confirmation of PREA risk screening within 72-hours of their arrival

115.41(c) (d) TDOC Index 502.06.1 requires authorized users to utilize the PREA Screening System Application located on the TDOC intranet. User security access to this system is authorized by the Associate Warden of Treatment and TDOC State-wide PREA Coordinator. The PREA Screening System Application form is the agency-approved standardized screening instrument. The PREA Screening form assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers the 10 separate inmate risk of victimization factors and risk of abusiveness factors noted in this provision. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information within the inmates' judgement and commitment, and other court documents. The PREA Screening System Application does not consider whether the inmate is detained solely for civil immigration purposes. However, interviews with the Warden, and 4 staff who conduct risk screening (counselors), and review of documentation indicates that the TDOC does not house inmates solely for civil immigration purposes. The auditor randomly selected 90 inmates throughout the 12-month review period for confirmation of their timely 72-hour and 30-day PREA screening in comparison with their day of arrival. There were no discrepancies noted in staff meeting the requirements of the standard. However, as the Site 1 is a diagnostic center, inmates are required to complete classification by the 14th of their arrival as the inmates are then transferred to their designated TDOC facility. Therefore, these inmates received their 30day risk screen within 14 days of their arrival. Inmates who arrive at BCCX being their designated facility were noted as receiving their 30-day PREA assessment not later than 30 days after their date of arrival and receiving their initial 72-hour risk assessment on their day of arrival.

115.41(e) The PREA Screening System Application factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Screening System Application revealed that it does consider all the criteria required by this provision. Documentation was noted within the system identifying inmates as a prior

victim of sexual abuse and/or a prior aggressor and/or both.

Interviews were conducted with two counselors who conduct the 72-hour intake screening process. The intake counselor identified that there are 3 counselors assigned to conduct intake screening at the diagnostic center. Each state they arrive at 4:30 a.m. Monday - Friday and review available information electronically via the offender management program to learn as much as possible about the inmate prior to their arrival later throughout the day. Both stated the intake incoming process is scheduled Monday - Friday with 10-50 inmates arriving daily. The intake risk screening counselors stated they issue each inmate a PREA pamphlet and utilize the risk screening questions stored electronically on the PREA Screening System Application that contain the questions asked to the inmate while allowing the inmate to respond to each. The inmate's responses are documented in the system. The intake counselors were extremely familiar with all questions on the risk screening form and stated each without referencing the form.

115.41(f) TDOC Index 502.06.1 requires unit management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility using the PREA Screening Application. BCCX is designated as a classification center for newly sentenced offenders throughout the state of Tennessee. The BCCX also serves as a time building facility at Site 2, Annex and Building 28 (women). Therefore, all newly arriving inmates at BCCX may not be housed at the facility permanently. TDOC Index 502.06.3 states within a set time period, not to exceed 30 days from the inmates' arrival at the institution, the institution will rescreen the inmate for risk of victimization or abusiveness or based upon any additional relevant information received by the facility since the screening. Per the PAQ and BCCX PCM, the facility has a designated capacity range of 2055 as 484 beds are offline. The number of inmates identified as staying at BCCX for 72-hours or more and 30-days or more was 4787. Interviews were conducted with staff who conduct risk screening at both Site 2 (time building) and Site 1 diagnostic center. The counselor at the diagnostic center stated that due to the inmates normally departing two weeks after their arrival, staff conducts the 30-day PREA risk screen risk within a week of the inmate's arrival. An interview with staff who conduct PREA risk screening at the time building facilities stated staff complete the 30-day follow PREA risk assessments normally around the 25th of the inmate's arrival. He also stated staff conducts an additional PREA risk screening on all inmates who depart the facility over 24 hours for court appearances, local hospital, and/or housed within jail upon their return to discuss if there are any changes from the inmates' previous PREA risk assessment.

115.41(g) TDOC Index 502.06.1 requires unit management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The PREA Screening System Application is utilized to conduct all assessments and re-assessment. An interview with staff who perform risk screening indicated they complete an inmate's reassessment upon receiving new information, a referral is made, and/or new information to include awareness of sexual abuse to include within the facility.

The BCCX PCM mistakenly uploaded a memorandum submitted by the Classification Counselor to the Warden identifying inmates who had not completed the TDOC Classification Process due to their requirement for COVID quarantine that is titled "Late Classification." Although the auditor had requested this information from the Classification Counselor, it does not apply to this standard provision of conducting 72-hour and/or 30-day PREA risk screening. This documentation was requested as the Classification Counselor identified that due to COVID -19 the 14- day Classification requirement of all incoming inmates in preparation for transfer to their designated TDOC was not completed. The Classification Counselor stated when an inmate cannot be classified within 14 days, she is required to submit a request to the Warden for a quarantine hold and the verbiage in the memo is used to prevent HIPP violation regarding the inmate's medical condition. The auditor reviewed 90 inmate risk screening to include their 72-hour and 30-day reassessment in addition to the inmates' date of arrival at BCCX and identified all as completed timely and within the standard provision.

115.41(h) TDOC Index 502.06.1 states inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening reported inmates are not disciplined for refusing to respond to the questions and/or for not disclosing complete information. Staff continued in stating they advise inmates a proper response is needed in order to provide a safe environment for them. They indicated they have never had an inmate refuse to cooperate and provide responses. The auditor conducted 52 formal and 20 informal interviews and 0 inmates reported being disciplined for refusing to answer PREA risk screening questions.

115.41(i) TDOC Index 502.06.1 indicates screening information is strictly released on a need-to-know basis. Access to the PREA Screening System Application is controlled through authorized user security access. Unit Management staff will ensure screening information is entered in the PREA Screening System Application. Per the State-wide PREA Coordinator, Counselors have access to conduct the risk assessments but cannot review the responses in E-TOMIS after the input is uploaded. The counselors can only observe the inmate's score once uploaded. Per staff assigned to conduct risk screening, they indicated the information is on a need-to-know basis to provide the appropriate services to the inmate such as the inmates' counselor, the chief counselor, clerical correctional officer, and mental health.

Based on the review of policies, review of inmates' arrival date in comparison to their completed 72-hour risk screenings, and 30-day follow PREA risk screenings, interviews with staff and inmate population, and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring
- 3. TDOC Index 113.37 Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming
- 4. TDOC Index 502.06.2 PREA Allegations, Investigations, and Sexual Abuse Response Team (SART)
- 5. TDOC Index 112.08 Personal Hygiene Resources for Inmates

Interviews with:

- a. BCCX PCM
- b. Counselors assigned to conduct risk screening
- c. Job Coordinator

115.42(a) TDOC Index 502.06.1 states, "Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and identifies as a sexual aggressor or prior sexual victims are under the supervision the unit management/Associate Warden/Deputy Superintendent/Designee. Housing, cell assignments, work, education, and program assignments shall be made with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. Staff who perform screening reported inmates identified as at risk of sexual victimization are separated from inmates at risk of abusiveness based on the information collected that determines the and risk assessment score. They continued in stating, often the inmate's risk score can change due to information received and if they are the victim or aggressor in a PREA investigation. These inmates may be housed in the same housing unit, but never the same cell. The facility did not have the capability to run an inmate roster that identifies inmates as being a prior victim and/or those aggressors, however this information is maintained in the offender management program and is accessible to only those with authorization. The auditor did randomly review the bed assignments of inmates within these categories and discovered although some were in the same housing unit, they were not in the same cell. Confirmation of the facility's policy and practice to not allow inmates identified as a prior victim and those as prior aggressor cell together was demonstrated by the auditor receiving a confidential letter from an inmate requesting to be selected for an interview during the on-site visit. The inmate stated he had submitted several requests to house with his stepson who is identified as a prior victim, and he is identified as a prior aggressor but have been informed by staff that they cannot and will not be housed together in the same cell assignment. The two inmates would be listed as are listed as incompatible and the offender management program will not accept an entry to house them in the same cell.

An interview with the Job Coordinator confirmed he does not assigned inmates that are identified as incompatible on the same job assignment. He added if he attempts to assign inmates who are incompatible together on a job detail, he receives notification that they are incompatible and the E-TOMIS system will not allow the two inmates to assigned to the same job.

Additionally, per the counselor and the BCCX PCM, inmates identified as prior victims and those identified as prior aggressors may be housed in the same housing unit but are never assigned as cellmates and job assignments together.

115.42(b) TDOC Index 502.06.1 Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims are the responsibility of the unit management team. This information is strictly need-to-know basis and housing, cell assignments, work, education and program assignments shall be made with a goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. If behavioral health intervention is indicated, a referral shall be made in accordance with Policy #113.82, utilizing Institutional Health Services Referral, CR-3431. No inmate will be double celled until the required screening has been completed. Inmates who are deemed sexual aggressors or sexual victims will be appropriately housed until assessed by behavioral health professionals or classification. Once an inmate is identified as a Sexual Aggressor or Sexual Victim at any time during his/her incarceration, the inmate shall be evaluated for appropriate housing and programs. Per interviews with staff who conduct risk screening and cell assignment, they make an individual determination to provide a safe environment for the inmates. They utilize information collected during the screening process for incoming and other information they may receive for inmates already assigned such as gang affiliation, transitioning to transgender etc. The auditor was presented with the meeting minutes of 3 inmates identified as gender dysphoria during the review period. However, these inmates were not classified as transgender prior to their departure at BCCX.

115.42(c) TDOC Index 502.06.1 states decisions to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments are made on a case-by-case basis. TDOC Index 113.37 states the agency has a Gender Dysphoria Transgender, Transsexual, Intersex, and Gender Non-Conforming Accommodation Review Committee. This committee is composed of the TDOC Chief Medical Officer or designee, TDOC Director of Behavioral Health, Assistant Commissioner of Rehabilitative Services or designee Assistant Commissioner of Prisons or designee, TDOC State-wide PREA Coordinator, and the Administrative Directors of Medical and /or Behavioral Health for contractors(s) in order to address issues in the management of individuals diagnosed with gender dysphoria or who are identified as transgender, transsexual, intersex, or gender non-conforming. Facility and housing assignments shall be made on a case-by-case basis and documented on pages 1 and 2 of the PREA Housing and Program Review, CR-4086, considering the patient' health and safety, as well as potential management and security concerns. An inmates' own views regarding safety shall be solicited and considered. An interview with the Associate Warden (T)/ BCCX PREA Coordinator, applicable inmates identified as intersex and/or transgender would be reviewed and interviewed by the Gender Dysphoria, Transgender, Transsexual, Intersex, Gender Non-Conforming Accommodation Review Committee. Upon completion of the review, the meeting minutes are forward to the Central Office Gender Dysphoria, Committee for further review and determination of inmates' status. The inmate would acknowledge their preference of staff gender for visually strip searches. The auditor was presented with the meeting minutes of 3 inmates identified as gender dysphoria during the review period. However these inmates were not classified as transgender prior to their departure at BCCX.

Inmates who have completed surgical sexual reassignment therapy prior to incarceration shall be placed in a correctional facility as determined by the Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Accommodation Review Committee. For the purposes for facility placement, self-inflicted genital mutilation does not constitute surgical sexual reassignment therapy and does not qualify an inmate for placement in a facility for opposite-gender inmates.

Interviews with the staff who would conduct the semi-annual assessment with the transgender inmates stated they would assign the transgender/intersex inmates in housing units/cells that they feel comfortable while taking into consideration their health and safety. Each stated the transgender/intersex inmates would be allowed to have input in their housing and program assignments. Per interviews with the BCCX PCM, OIC Institution Investigator, Warden and Associate Warden (T)/Facility PREA Coordinator there has not been an inmate identified as transgender and/or intersex housed at BCCX.

There were 0 inmates identified as transgender and or intersex at BCCX during the on-site visit at either site to conduct interviews. Per the BCCX PCM, and counselor who conduct risk screening, inmates identified as transgenders and/or intersex have not been housed at BCCX.

115.42(d) (e) TDOC Index 502.06.1 indicates inmates identified as transgender or intersex shall be reclassified every six months by the assigned counselor to review any threats to safety experienced by the inmate. Interviews with the BCCX PCM, 2 intake counselors and 2-unit team counselors who conduct risk screening inmates identified all inmates have been classified as Gender Dysphoria but have not been identified as transgender and/or intersex at BCCX. Therefore, semi-annual assessments were not required. The intake staff and counselors stated they were unaware of an inmate identified as transgender and/or intersex but they were that these inmates would be required to be reassessed semi-annually.

115.42(f) BCCX 112.08-1 indicates transgender and Intersex inmates are given the opportunity to shower separately from other inmates, perform bodily function, change clothing without non-medical staff of the opposite gender viewing their private parts as all institutional showers are single staff with privacy curtains and doors. The auditor observed all showers are in individual stalls that are separated by walls and have appropriate shower curtains and/or doors that allow privacy during use during the housing units tour. The counselors who perform risk assessment indicated they were unaware of an inmate identified as transgender and/or intersex being designated at BCCX. However, policy allows for them to shower at a separate time from other inmates.

115.42(g) TDOC Index 113.37 Gender Dysphoria states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely based on such identification or status. The BCCX PCM stated she has been employed at BCCX for 9 years and there has not been an inmate identified as transgender and /or intersex at the Complex during her tenure.

Based on the review of policies, staff interviews, documentation Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Accommodation Review Committee meeting minutes, and analysis, the facility has demonstrated compliance with all the provisions of this Standard

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. Interviews with:
- a. Warden
- b. Staff who supervise segregation
- c. Inmates who reported allegations of sexual abuse

115.43(a) TDOC Index 502.06.2 states any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements set forth in this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241 shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged. This housing assignment shall not ordinarily exceed a period of 30 days. The PAQ noted that there have been 0 inmates held in involuntary segregated housing in the past 12 months. An interview with the Warden revealed, he was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing, but this practice is not appliable to BCCX. The facility does not use involuntary segregated housing for inmates determined to be at a high risk of victimization. An interview with staff who supervise inmates in segregated housing also confirmed the facility does not use involuntary segregated housing for inmates who are identified at a high risk of victimization. Alternate housing arrangements would be made. Per staff who supervise segregation and the Warden if the alleged aggressor is known, the aggressor would be placed in segregation pending the investigation and transferred to another housing or another institution if needed. Interviews were conducted with 3 inmates who reported sexual abuse allegations at BCCX during the 12-month review period. Neither inmate reported being placed in involuntary segregation upon reporting the alleged sexual abuse.

115.43(b) TDOC Index 502.06.2 states that inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited, the duration of the limitation, and the reasons for such limitations. This shall be documented on LCDG Contact Notes. An interview with staff who supervise inmates in segregated housing indicated no restrictions are imposed on inmates. The inmate would have access to education (GED program), legal aid, incoming and outgoing mail access, minimum of 1 hour outside recreation in covered and secured recreation areas and telephone access, library material, books, haircuts and services available to inmates within the general population with the exception to limited work due to security requirements. There were 0 inmates placed in involuntary segregation for high risk of victimization.

115.43(c) The PAQ noted that 0 inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The Warden indicated involuntary segregated housing is not used for inmates at high risk for sexual victimization. The size of the complex and the various housing units allows various options of housing that can be utilized to provide a safe environment for an inmate at high risk for sexual victimization. Staff utilize other methods to include making alternate housing arrangements within other housing units.

115.43(d) An interview with the Warden confirmed the facility has not utilized involuntary segregation to house inmates who are determined to be at a high risk of victimization and this process has not been utilized during the 12-month review period. However, policy does provide guidance in TDOC Index 502.06.2 which states if an extension is necessary, the SART member shall clearly document in the PREA Allegation System application the basis for concern for the inmate's safety; the reason why no alternative means of separation can be arranged; and the need for emotional support services for inmates or staff who fear retaliation for reporting sexual abuse, or sexual harassment, or for cooperation with investigations. He added the victim may request to be placed in segregation, but it would be at the inmate's request.

115.43(e) TDOC Index 502.06.2 states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. In an interview with the Warden, he was aware of the requirement for 30 days reviews, however, the facility would not utilize involuntary segregated housing for an inmate who has been identified at a high risk for sexual victimization if the aggressor can be identified. Interviews with staff assigned to supervise segregation indicated the alleged victim would remain on the compound and the alleged abuser would be placed in segregated housing pending an investigation. There were 0 inmates placed in involuntary segregation due to

being identified at a high risk of victimization. However, the auditor did request documentation that supports inmates who are housed in involuntary segregation receive a 30-day review after continuous stay.

Based on the review of policies, documents, staff and inmate interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

115.51 Inmate reporting Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. MOU Between TDOC and The Avalon Center
- 4. PREA Tip line Posters
- 5. PREA Posters
- 6. Inmate Handbook
- 7. Interviews with:
- a. Random staff
- b. BCCX PCM
- c. Formal and Informal Inmate Interviews

115.51(a) TDOC Index 502.06.2 states the Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. These include but are not limited to: (a) written communication (includes electronic documents); (b) Reporting directly to staff (Verbally); (c) Third-party reporting; or (d) Facility PREA Tip Line. The TDOC BCCX Inmate Handbook, PREA video, and PREA posters contain information on how to report. Formal and informal inmate interviews indicated all inmates were aware of available reporting options to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff neglect or violation of responsibilities that could have contributed to an incident of sexual abuse. Inmates indicated there is signage on walls for calling the PREA Hotline as the most common response. Random staff interviews indicate all staff were aware of the internal and external reporting options available to the inmates and themselves.

115.51(b) TDOC Index 502.06.2 indicate TDOC and BCCX allow inmates to make a report of sexual abuse or sexual harassment to an outside governmental entity that is not affiliated with the agency or that is operationally independent from agency leadership. This information is made available through the Inmate Handbook and inmate bulletin boards throughout the facility. Specifically, inmates are advised they may make confidential and free reports to the outside agency Avalon Crisis Center by dialing *9555 form the inmate telephone system. Inmates are advised that the calls are confidential and will not be recorded by TDOC. An interview with Avalon Director of Internal Affairs, indicated the center has listeners assigned 24/7 and inmates have the option of giving their name if they desire. However, the information provided by the callers/victims is strictly confidential and cannot be shared unless authorized by the victim. A tour of the inmate housing units confirmed all inmate phones identified calls made to *9555 are not monitored and are confidential. The auditor conducted a test call to the *9555 (Avalon Crisis Center) during the on-site visit and was not required to insert any information that would identify the caller.

BCCX does not house inmates detained solely for civil immigration purposes.

115.51(c) TDOC Index 502.06.2 indicates facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports to the facilities designated investigator(s). TDOC policy does not require staff to document the reported information. However, a review of the 13 reported PREA investigations files, confirmed thorough written documentation of the reported allegation was maintained. The 13 PREA allegations were reported in the following manners: 3 reported through the grievance process; 2 were reported using the PREA Hotline; 1 was reported by a written letter from the inmate victim; and 7 was reported verbally and documented by the receiving staff.

The auditor conducted 52 random and target inmate interviews and 20 informal interviews during the on-site visit. Inmates acknowledged various ways to report PREA allegations to include utilization of the inmate telephone system. The inmates identified the two PREA hotline numbers as *9222 internal and *9555 for external reporting while acknowledging this information is posted throughout the housing units and on all inmate telephones. Inmates indicated they were aware they could report sexual abuse or sexual harassment either verbally, in writing, anonymously or via third parties. The auditor did observe the PREA Hotline numbers posted throughout the complex at all sites accessible to all inmates and staff. The auditor observed inmates in restricted housing utilizing the inmate telephone in which the PREA Hotline numbers were posted on the telephones visible to them. The auditor tested the internal reporting line *9222 and external reporting line

*9555 during the on-site visit with no discrepancies noted. Upon completion of the internal call, the OIC Institution Investigator notified the BCCX PCM and TDOC State-wide PREA Coordinator that a call had been made.

All random staff interviewed reported inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Interviewed staff stated they would report the information received to their immediate supervisor, investigators and/or security supervisor on shift, and would document the information they became knowledgeable of.

115.51(d) TDOC Index 502.06.2 indicates that staff may privately report sexual abuse and sexual harassment of inmates to the Central Office PREA Tip Line (*9555). Interviews with random staff indicated they were aware how to privately report sexual abuse or sexual harassment. Most staff cited they would report in person and/or via phone to a ranking supervisor and/or call the PREA hotline as their primary methods to make a private report of sexual abuse or sexual harassment.

Based on the review of TDOC policy, interviews with staff and inmates, review of MOU, observation during the on-site visit, inmate handbook, collected calls made by the auditor to PREA Hotline and review of the PREA investigative case files, BCCX meets all provisions of the standard.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 501.01 Inmate Grievance Procedures
- 3. Inmate Rules and Regulations Handbook
- 4. Grievances Filed and the Investigative PREA case reports
- 5. Interviews with:
- a OIC Institution Investigator
- b. Grievance Sergeant
- c. Random and Targeted Inmates

115.52(a) TDOC Index 501.01 indicates the agency has an administrative remedy program that may be used to file an allegation of sexual harassment or sexual abuse. It states an inmate may submit a grievance alleging sexual abuse at any time. The Grievance Sergeant stated when she receives a grievance that pertains to PREA he immediately notifies the Associate Warden (T) /Facility PREA Coordinator who refers it to the OIC Institution Investigator, and an investigation is conducted.

Per the OIC Institution Investigator, the allegation is required to logged in the PREA Allegation System (PAS) within 24 hours and the investigation is required to be completed within 72 hours. The inmate is notified of the findings of the investigation upon completion of the investigation normally within 3 days of being reported.

Per the PAQ, BCCX PCM, Grievance Officer and review of the 13 PREA investigative casefiles, there were 3 grievances files where an inmate alleged PREA allegations to include 2 allegations of sexual harassment and 1 allegation of sexual abuse during the review period. There were 0 emergency grievances alleging substantial risk of imminent sexual abuse filed during the review period for BCCX.

However, the initial response and final decision would be provided within the PREA Allegation System (PAS) and shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Per the BCCX Grievance Sergeant all communication with an inmate who submit a PREA allegation through the grievance process is with the OIC Institution Investigator. The OIC Investigator conducts the investigation, and he does not interact with the inmate. He added his duties as the Grievance Sergeant is to report all housing units, libraries, and food services areas throughout the Complex to check the designated Grievance Boxes for content. Upon receiving a PREA allegation reported via grievance, he immediately scans it to the Associate Warden (T) /Facility PREA Coordinator, BCCX PCM, Shift Commander at the affected site and the OIC Institution Investigator while tagging it as confidential.

115.52(b) TDOC Index 501.01 states applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse. All reported allegations of sexual abuse and/or sexual harassment are required to logged in the PREA Allegation System (PAS) within 24 hours and the investigation is required to be completed within 72 hours. A review of the 13 reported PREA allegations revealed 3 was reported/submitted through the grievance process that included 2 sexual harassment and 1 allegations of sexual abuse. One grievance was received on February 17, 2021, and the investigative report was concluded by the OIC Institution Investigator on February 19, 2021. The remaining 2 PREA allegations reported through the grievance process were both received on April 5, 2021, and the investigations were completed by the OIC Institution Investigator on April 7, 2021. Per the OIC Investigator, she conducts PREA allegations in the same manner as all other reported PREA allegations and they are normally completed within 3 days of receiving the grievance.

115.52(c) TDOC Index 501.01 states that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the compliant and such grievance shall not be referred to a staff member who is the subject of the complaint.

A review of the 3 PREA allegations reported through the grievance process confirmed the investigations were conducted by the OIC Institution Investigator and not a staff member who was the subject of neither complaint filed.

(d) TDOC Index 501.01 states a final decision on the merits of any portion of a grievance alleging sexual abuse shall be

issued by the Associate Warden(T) within 90 days of the initial filing of the grievance. Computation of the 90-day limit shall not include time used by inmates in preparing the grievance. The inmate shall be notified by the Associate Warden (T) if an extension is needed. At any level of the grievance if the inmate does not receive a response within the time allotted to reply, including any extension, the inmate may consider the absence of a response to be a denial at that level. One grievance was received on February 17, 2021, and the investigative report was concluded by the OIC Institution Investigator on February 19, 2021. The inmate was notified of the investigative findings of Unfounded on the same date of the determined investigative finding. The remaining 2 PREA allegations reported through the grievance process were both received on April 5, 2021, and the investigations were completed by the OIC Institution Investigator on April 7, 2021. Both inmates were notified that the allegations were determined as Unfounded on April 8, 2021.

115.52(e) TDOC Index 501.01 states third parties shall be permitted to assist inmates in filing grievances related to allegations of sexual abuse and shall also be permitted to file such grievances on behalf of the inmate. If a third-party individual files such a grievance on behalf of an inmate, that inmate shall agree to have the grievance filed and document such on the Inmate Grievance form. The inmate shall be required to personally pursue any subsequent steps in the grievance process. The inmate may decline to have the grievance processed on his/her behalf and the decision shall be documented on the original Inmate Grievance. The review of the 3 grievances filed reporting PREA allegations were submitted by inmates who identified themselves as the victim.

115.52(f) TDOC Index 501.01 states after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the grievance chairperson shall immediately forward the grievance to the Associate Warden of Treatment for any corrective action to be taken. The grievance chairperson will provide a response within 48 hours and a final decision within five calendar days. There were 0 emergency grievances alleging an inmate subject to a substantiated risk of imminent sexual abuse filed at BCCX during the review period.

115.52(g) TDOC Index 501.01 states an inmate may be disciplined for filing a grievance related to alleged sexual abuse only when it is demonstrated that the inmate filed the grievance in bad faith. An interview with OIC Institution Investigator explained that although policy allows disciplinary sanctions of inmates who file the grievance in bad faith, no inmates have received disciplinary actions for this action. The 3 grievances alleging PREA allegations were determined by the OIC Institution Investigator as Unfounded. However, 0 inmates received discipline and the investigative reports did not document the grievance was in bad faith.

Random interviews with inmates identified they are aware of the grievance process and that they are authorized to utilize the grievance process to report a PREA allegation to include an emergency grievance that will be investigated. The grievance procedures are outlined in the inmate rules and regulations handbook and grievances forms can be received from the housing unit officers and/or unit team. Grievance boxes were observed in all inmate housing units, program buildings, and libraries accessible to the inmate population.

Based on the review of policies, filed grievances and completed investigations, notification of the investigation findings, and staff and inmate interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.

| 115.53 | Inmate access to outside confidential support services |
|--------|--------------------------------------------------------|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
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Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. MOU with The Avalon Center.
- 3. BCCX Rules and Regulations Handbook
- 4. TDOC Index #502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
- 5. Interviews with:
- a. Random staff
- b. TDOC State-wide PREA Coordinator
- c. The Avalon Center Internal Affairs Director

115.53 (a) TDOC has established a Memorandum of Understanding (MOU) between The Avalon Center and BCCX and Morgan County Correctional Complex. The MOU was signed by The Avalon Center Program Director on March 11, 2015, and signed by the TDOC Commissioner on April 17, 2015. Per The Avalon Center Internal Affairs Director, TDOC Statewide PREA Coordinator, BCCX PCM and Warden it remains in effect and provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. Language in the MOU documents the involvement of trained sexual assault advocates as a component of the standard response to a report to sexual assault and/or a request for help from a survivor of sexual assault. The MOU also agree to maintain confidentiality of survivors of sexual violence who are incarcerated in the facility while maintaining available crisis counseling through organization's crisis hotline at any time and/or 24 hours a day and counseling may take place in person or by telephone. Prior to accessing services, inmates are informed to the extent to which their communications will be monitored. Upon each inmate's arrival at BCCX he/she is given a Rules and Regulations Handbook which outlines methods of reporting PREA allegations and staff responses to the report. The information is provided in English and Spanish. It states "BCCX will provide multiple ways for inmates to report sexual abuse or harassment and identify the inmates to include the following: PREA Hotline telephone number (*9222); confidential and free reports to outside agencies by writing to The Avalon Center P.O. Box 3063, Crossville, TN 38557 or by dialing *9555 from the inmate's phone system or by calling 800-641-3131 (from outside the prison). It also notes "This call is confidential and will not be recorded by TDOC." This information is also posted on all inmate bulletin boards and program areas, dietary, work details and, recreational areas and on inmate phones.

115.53 (b)TDOC 502.06.3 states the Facility PREA Coordinator shall ensure that inmates are informed, prior to giving them access of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The confidentiality of an inmate reporting PREA allegations is documented in the inmate's Inmate Rules and Regulation Book. It states "Inmates who have information involving PREA activity of any type may report this information by leaving a voice message using the Inmate Telephone System (ITS). To leave a message using the ITS, dial "1" for English when prompted, then dial *9222 and record our message. The ITS system will not identify you by PIN number, and you may remain anonymous. Interviews with random staff and inmates confirmed inmates are allowed to remain anonymous when using either phone number*9222 and/or *9555 to report PREA allegations as an inmates' PIN number is not required to make these calls. Interviews were conducted with 52 inmates that included random and targeted inmates. Most inmates were aware of posted phone numbers for services, but none was able to provide the auditor with the available services. Interviews with 3 inmates who reported sexual abuse and/or identified in a staff on inmate sexual abuse case acknowledged not requesting victim advocate services.

115.53 (c) TDOC 502.06.3 states the TDOC shall attain memorandum of understand (MOU) or other agreements with community services providers that are to provide inmates with confidential emotional support services related to sexual abuse. MOUs are to be approved by the TDOC General Counsel. The agency does maintain a copy of the MOU with The Avalon Center and presented a copy to the auditor for review. The MOU was documented as signed by The Avalon Center Program Director on March 11, 2015 and signed by the TDOC Commissioner on April 17, 2015. Per interviews with the TDOC State-wide PREA Coordinator, BCCX PCM and The Avalon Center Internal Affairs Director who has held the position at The Avalon Center for 15 years the MOU remains in effect.

Per an interview with The Avalon Center Internal Affairs Director she confirmed her organization has received calls from inmates at BCCX where the inmate may want to discuss incidents of sexual abuse that occurred prior to being incarcerated. She added she often arrange to take new staff at the center to BCCX for a tour that enables them to have an idea of an area an inmate may describe when reporting an allegation of sexual abuse. A visit was scheduled during the post-audit phase.

Based on the review of TDOC policy, the established MOU, available resources to inmates for a victim advocate and interviews with The Avalon Center Internal Affairs Director, Warden and TDOC State-wide PREA Coordinator, the facility has demonstrated compliance with all the provisions of this Standard.

| 115.54 | Third-party reporting |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Reviewed (documents, interviews, site review): |
| | BCCX Completed Pre-Audit Questionnaire (PAQ) |
| | 2. TDOC Index 506.06.2 PREA Allegations, Investigations, and SART |
| | 3. BCCX Inmate Rules and Regulation Handbook |
| | 4. TDOC PREA Pamphlet |
| | 5. Posted Reporting Methods Bulletin |
| | 6. TDOC website |
| | 6. Interviews with: |
| | a. Inmates |
| | b. Staff |
| | 115.54(a) TDOC Index 502.06.2 states, The Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. It indicates that third-party reporting is included in a method to report. PREA posters and flyers are located throughout the Complex that identifies BCCX has a zero tolerance for sexual abuse and inmates may call *9222 to report incidents of sexual abuse. The notice also identify staff may privately report sexual abuse/harassment to the Central Office PREA Tip Line at (615-253-8178). The flyers are posted in both English and Spanish. |
| | The BCCX Inmate Rules and Regulations Handbook indicates inmates who have been the victim of sexual abuse or sexual call the PREA Tip Line (*9222) and/or call the Avalon Center (*9555). |
| | The PREA pamphlet "Guide to Prevention and Reporting of Sexual Misconduct for TDOC" states Family member and friends of inmates and the general public who have knowledge of sexual abuse allegations within the TDOC system are encouraged to report allegations to the TDOC Statewide PREA Coordinator TDOC Central Office 6th Floor, Rachel Jackson Building 320 Sixth Avenue North Nashville, TN 377243-0465 @ (615) 253-8178. Additional PREA information is available on the TDOC website: www.TN.gov.correction. |
| | Interviews with inmates and staff revealed most were aware that a third-party such as family member, friend, or another inmate could report PREA allegations to include sexual abuse and/or sexual harassment. |
| | Based on the review of policies, documents, website, interviews, BCCX meets the mandate of this standard. |

| 1 | Staff and agency reporting duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
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Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. Interviews with:
- a. BCCX Warden
- b. TDOC State-wide PREA Coordinator
- c. Random staff
- d. OIC Institution Investigator/ OIC Special Agent in Charge
- e. Medical and Mental Health Staff

115.61(a) TDOC Index 502.06.2 states, "All staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with staff indicated they are aware of their responsibility and duty to report any and all knowledge of PREA allegations. Staff carry a PREA refresher card on their badge with reporting guidelines. The 20 random staff selected for interview indicated they would immediately report to the Shift Commander and complete a documented report of their awareness to include from third-party as soon as possible and always prior to departing from their shift. Non-security staff identified they would report the information to their direct supervisor, SART Coordinator, in addition to the Shift Commander.

115.61(b) TDOC Index 502.06.2 states staff shall not reveal 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. TDOC utilizes a PREA Allegation System (PAS) on their intranet. Selected staff have access. Staff interviewed was aware of the extent in which information of sexual abuse and/or sexual harassment should be shared only with authorized staff necessary to make treatment, investigation and other security and management decisions.

115.61(c) TDOC Index 502.06.2 states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse as outlined in this policy and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services." Interviews confirmed medical and mental health staff are aware of their duties required by this provision and this information is shared with the inmate upon the initiation of services and their limitation of confidentiality and duty to report. Interviews with the Behavior Health Administrator, and Health Services Administrator neither had been directly informed by an inmate they were sexually abuse. Both identified notifications would be made to each other in addition to Warden, OIC Institution Investigator, Shift Commander, and the Associate Warden (T) /PREA Coordinator, SART Coordinator.

115.61(d) BCCX does not house inmates under the age of 18 years old. However, if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. TDOC received guidance from Adult Protective Services which indicates that TDOC may investigate within their facilities.

115.61(e) TDOC 502.06.2 states, Facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the OIC Institution Investigator for an investigation. The auditor used a variety of scenarios regarding staff awareness of PREA allegations to include by third parties within the community, and /or by an inmate and/or an anonymous phone call. All staff interviewed immediately responded they would report the allegation to the Shift Commander, SART Coordinator and/or higher-ranking staff. Per the OIC Institution Investigator, and OIC Special Agent in Charge, each conducts thorough investigations of all PREA allegations in the same manner regardless of how the incident was reported and all documentation and evidence reference to the case to include how the allegation was reported is maintained in the investigation case file. The review of the 13 reported PREA case files confirmed documentation was maintained on how the allegation was reported to include by staff, third-party, grievance and via the PREA Hotline.

Based on the review of policies, PREA investigative case reports, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

115.62 Agency protection duties Auditor Overall Determination: Meets Standard **Auditor Discussion** Evidence Reviewed (documents, interviews, site review): 1. BCCX Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART 3. Interviews with: a. Agency Head Designee b. Warden c. Random staff TDOC Index 502.06.2 states "If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. The auditor interviewed random and specialized staff. They all stated that they would remove the inmate from the area of threat immediately and/or remain with the inmate until the appropriate staff arrived to assist in the separation of inmates due to the custody level of some. They continued in stating they would immediately notify the Shift Commander. Staff to include contract and volunteers are issued and carry a PREA Refresher Training card on their badge which list the steps to take to protect an inmate. The facility stated in the PAQ that there have been 0 instances where an imminent threat of inmate sexual abuse was reported. An interview with the Agency Head Designee indicated TDOC has an immediate response system in place as sexual safety is taken seriously. The first step would be to separate the at-risk individual from the potential risk and protect them from harm. There are specific areas of the compound that are designated as protective custody (PC). A protective custody investigation will be initiated, and any issues identified. The offender will remain housed in PC until the risk is eliminated by a transfer of the potential threat or until the offender expresses that they are no longer fearful and want to return to the compound.

The Warden stated staff are to immediately remove the inmate from the area of threat while applying protective measures. The Shift Commander will conduct interviews with the inmates and collect available information and/or evidence to identify why an inmate may to subject to a substantial risk of imminent sexual abuse. He added depending on the circumstances various options are available to ensure safety of the inmate without placement in the restrictive housing. The inmate would be housed in a different housing unit away from the area and/or individuals that pose a threat. He indicated with the various housing units and the layout of the BCCX, alternate housing is available for the inmate identified as at risk. The alleged aggressor would be placed in segregation pending an investigation by the OIC Institution Investigator. Further actions would be based on the evidence obtained during the investigation. In addition to alternate housing, if applicable the aggressor would be transferred and/or the inmate identified as subject to a substantial risk of imminent sexual abuse may be

There were 0 incidents reported where an inmate was identified as subject to a substantial risk of imminent sexual abuse that required immediate action from staff.

transferred if necessary.

Based on the review of policies, and interviews, the facility has demonstrated compliance with all the provisions of this standard.

115.63 Reporting to other confinement facilities Auditor Overall Determination: Meets Standard **Auditor Discussion** Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. PREA Allegation Logs and Case Files
- 4. Notification Received During Post-audit
- 5. Interviews with:
- a. Agency Head Designee
- b. Warden
- c. OIC Institution Investigator

115.63 (a)(b) (c) (d) TDOC Index 502.06.2 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility that received the allegation shall notify the head of the facility where the alleged abuse occurred. The notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation and documented that the notification was made. The Warden who receives such notification shall ensure that the allegation is investigated in accordance with TDOC policy.

An interview with the Agency Head Designee indicated if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of the TDOC facility the point of contract is the Statewide PREA Coordinator. The Statewide PREA Coordinator in turn will notify the Warden, the Facility PREA Coordinator, and the OIC Institution Investigator. She continued in stating TDOC does have examples of outside agency referrals as the TDOC routinely receive referral from outside Rape Crisis Centers.

An interview with the Warden, indicated upon an inmate reporting an allegation of sexual harassment and /or sexual abuse upon his arrival from another TDOC facility and/or other agency, the information obtained would be documented and forward to the head of the affected facility. The documented information would be shared through a phone call and written documentation. Per interviews with the Warden, OIC Institution Investigator and review of the 13 PREA investigative case files, all PREA investigations were initiated by the inmate population at BCCX.

Per the PAQ, interview with the Warden and OIC Institution Investigator and review of the 13 PREA case file reported during the 12-month review period confirmed the facility did not receive any notifications where an inmate reported an allegation of sexual abuse while confined at another TDOC or any other correctional facility.

However, during the post-audit phase, the facility received notification of a PREA allegation reported by an inmate to have occurred at BCCX in 2013, during his PREA risk screen at the Shelby County Division of Corrections. This law enforcement agency is not a division within the TDOC. An interview with the OIC Institution Investigator indicated upon the review of all available documentation within the OIC department, there was no noted documentation of an inmate with the given name and/or similar name previously reporting PREA allegations at BCCX included in 2013. She stated has maintained contact with staff at the inmate's current facility to complete an investigation into his reported allegation. This investigation remained pending throughout the post audit phase.

Based on the review of policies, investigation case files, notification received during the post-audit phase, interviews with staff and analysis, the facility has demonstrated compliance with all the provisions of this standard.

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. BCCX Index 502.06.2-1 PREA Allegations, Investigations, and Sexual Abuse Response Team (SART)
- 4. Interviews with:
- a. Random staff
- b. First Responder Security Staff

115.64(a) TDOC Index 502.06.2 states if the first staff responder is not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical evidence and then immediately notify the shift commander. The alleged victim and abuser shall be instructed not to wash their hands, shower, brush, teeth, change clothes, urinate, defecate, drink, or eat. The security shift supervisor who is notified of the allegation shall initiate the Sexual Abuse Incident Check Sheet, CR-37776. Security shall separate the alleged victim and abuser. Security shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Security staff shall notify SART.

BCCX Index 502.06.2-1 indicates the victim and abuser shall be separated, victims(s) shall be instructed not to take any action that could destroy physical evidence, shift commander will be notified, crime scene shall be preserved and protected. Staff shall assure the alleged victim does not shower, use the restroom, consume any fluids, and/or remove any clothing.

An interview was conducted with a security staff member who was identified as a first responder. The staff member stated although the inmate the allegation of sexual abuse to him, the alleged victim and aggressor had previously been separated by departing their assigned cell. He stated the allegation did not include sexual penetration and there was no physical evidence identified for collection.

The auditor reviewed the completed 13 PREA investigative case files. Documentation of the reported allegations did not identify security staff and/or non-security staff was involved in separating the victim and aggressor and/or was required to preserve physical evidence.

Interviews were conducted with 2 inmates who reported allegations of sexual abuse. Both alleged victims acknowledged they reported the allegation directly to staff while not in the presence and/or area of the alleged aggressor. The 3rd victim who was identified in a staff-on inmate sexual abuse allegation confirmed he was not in the vicinity of the staff member (aggressor) when the allegation was reported by others.

115.64(b) TDOC Index 502.06.2 states, "If the first staff responder is not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical evidence and then immediately notify the shift commander. All staff interviewed, including non-custody staff, were aware of their responsibilities as first responders. All reported they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. All staff are trained as first responders and wear a pocket card on their badge that list the steps to take when responding to an allegation that an inmate was sexually abused.

There were 0 reported sexual abuse allegations where the alleged victim and the alleged aggressor was separated by non-security staff reported during the 12-month review period. However, interviews with non-security staff to include TDOC staff, contractors and volunteers, all were familiar with their responsibility to separate the victim and aggressor, secure and/or maintain a visual on the victim and maintain control of any physical evidence while immediately notifying the Shift Commander.

Based on the review of policies, review of PREA investigative case files, interviews with staff, and analysis, the facility demonstrated compliance with all the provisions of this standard.

| 115.65 | Coordinated response |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | OIK Evidence Reviewed (documents, interviews, site review): |
| | BCCX Completed Pre-Audit Questionnaire (PAQ) |
| | 2. BCCX Index 502.06.2-1 PREA Allegations, Investigations, and SART |
| | 115.65 (a) The Warden identified the facility's coordinated response is include in the facility's BCCX 502.06.2-1 policy. This policy outlines the coordinated response for staff upon notification of an inmate reporting an allegation of sexual abuse. Specially, any allegation of sexual abuse shall be investigated in a timely, efficient, and confidential manner and in accordance with federal guidelines ass outlined in the following manner: A) Allegations shall be accepted by staff verbally, in writing, anonymously and from third parties. B) Victim and abuser shall be separated. C) Victim (s) shall be instructed not to take any action that could destroy physical evidence. D) Shift Commander will be notified. E) Crime Scene shall be preserved and protected. F) SART Team shall be notified. PREA Investigations shall be documented on the PREA Allegation System and reported to the Central Communication and entered within 24 72-hours. G) Sexual Abuse Incident Sheet (CR-3776) shall be completed if the incident occurred within 72 hours. H) health services staff will assess and stabilize the alleged victim with as minimum intervention as necessary. If the report is within 72 hours of physical abuse/penetration, the inmate will be transferred to the outside hospital for evidence collection /treatment. If 72 hours have passed since alleged incident, occurred, the inmate may still be transported to outside facility if the OIC Investigator deem appropriate. The victim will be provided both medical and mental health follow-up services upon their return to the facility. |
| | The BCCX 502.06.2-1 policy documents a coordinated response outlining staff responsibilities upon an inmate report of sexual abuse that include preservation of physical evidence, medical services provided by the local hospital and services provided by institution medical and mental health staff. The facility has demonstrated compliance with this standard. |

| 115.66 | Preservation of ability to protect inmates from contact with abusers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Reviewed (documents, interviews, site review): |
| | BCCX Completed Pre-Audit Questionnaire (PAQ) |
| | 2. Tennessee Code Annotated 50-1-207 |
| | 3. Interview with: |
| | a. Agency Head Designee |
| | 115.66 (a) TCA Code 50-1-207 states "Prohibition against requiring any employer or employee to waive their rights under the National Labor Relations Act or require acceptance or agreement to any provisions that are mandatory or non-mandatory subject of a collective bargaining under Federal law. The Agency Head designee reported that TDOC does not have any collective bargaining agreements for BCCX nor has the agency entered into any collective bargaining agreements since August 2012. |
| | Based on a review of the code, and analysis, the facility has demonstrated compliance with this standard. |

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. Retaliation Monitoring Forms
- 4. Interviews with:
- a. Agency Head Designee
- b. Warden
- c. OIC Institution Investigator/ Staff Charged with Monitoring Retaliation

115.67 (a) TDOC Index 502.06.2 indicates that inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. Appointed members of the facility SART shall monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmates) for inmates, CR-3963, and PREA Retaliation Review (Staff), CR-3982, for staff. The BCCX OIC Institution Investigator is the designated retaliation monitor at BCCX.

115.67(b) TDOC Index 502.06.2 indicates that the facility shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Agency Head Designee identified multiple methods in which the Department protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations. Methods of protection include the TDOC monitor victims and aggressor for retaliation on a 30-, 60-, and 90-day time frame. In addition, TDOC offers the victim the ability to transfer facilities. Should the victim decide to remain, the aggressor is transferred to another facility. At a minimum, the victim and an aggressor are listed as incompatible and prohibited from being housed together.

Per interview with the Warden, he would immediately address any retaliation suspected and/or confirmed. An investigation would immediately be conducted that include observation of available video, any disciplinary infractions, change in duties, housing assignment, staff shift assignments. However, regarding staff, the review of their evaluations, work schedules, any write-ups and or disciplinary actions would be monitored. Any changes in an inmate's housing, job assignment, disciplinary, would be reviewed. Any staff and or inmate found to display retaliation actions would be disciplined. If necessary, a staff member and/or inmate may be transferred to another TDOC facility, housing assignment, and job assignment, that would eliminate retaliation actions and provide a safe environment for any individual experiencing retaliation.

115.67(c) (d) TDOC Index 502.06.2 states, "For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. Departmental monitoring shall involve looking for any changes that may suggest possible retaliation by inmates or staff. Institutional SART members shall act promptly to remedy any such retaliation. TDOC Index 502.06.2 also states that monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. This monitoring shall include, but not be limited to inmate disciplinary reports; inmate housing or programming changes; or negative performance reviews or reassignments of staff.

The BCCX OIC Institution Investigator has been designated to conduct retaliation monitoring for both staff and the inmate population. She stated all victims of sexual abuse, sexual harassment and those who assisted with the investigation will be monitored for retaliation until the investigation has been determined to be Unfounded. She stated she make contact with these individuals at 30-day, 60-day, and 90-day internal. She added all investigations are completed within a week (1 -3 days) of being reported. Therefore, the retaliation monitoring for Unfounded investigations, have not begun prior to the completion of the investigation. She added although she is responsible for conducting retaliation monitoring for both inmates and staff, there has not been any instances in which staff retaliation monitoring was required per the standard.

The auditor conducted a review of the 13 PREA case files for confirmation of completed retaliation monitoring in accordance with the provision of the standard. There were 2 Substantiated sexual abuse investigative findings. The OIC Institution Investigator conducted the 30, 60 and 90 retaliation monitoring for the 1 inmate who remained at BCCX. The second inmate

determined to be the victim of staff on inmate sexual abuse was transferred to another TDOC facility during the retaliation monitoring period. His transfer was due to his re-classification level after receiving a disciplinary sanction for an incident not involving the PREA case. The BCCX PCM forwarded the information of the required monitoring to the PCM at the inmates' newly assigned TDOC. The PCM at that facility conducted the 30-day, 60 day and 90-day retaliation monitoring with the inmate. Upon completion, she forwarded the forms to the BCCX PCM.

Although not required per the standard, the OIC Institution Investigator also completed the 30-day, 60-day and 90-day retaliation monitoring for the 2 inmates whom allegations of sexual harassment were determined to be Unsubstantiated.

All retaliation monitoring forms included the inmate's name and case number, the facility, victim, alleged aggressor, report date, retaliation monitor and preliminary protection measures and conversations s with the victim. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides an area for reporting at 30 days, 60 days, final 90 days, and space for extended monitoring if required. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. An interview with the OIC Institution Investigator/Staff assigned to conduct retaliation monitoring acknowledged if it was deemed necessary, she would continue retaliation monitoring in excess of 90-days. However, there were 0 instances in where it was required

Per the Agency Head Designee, retaliation for cooperation is not tolerated in TDOC. If the individual is an offender, they would be granted protective custody status until the aggressor was removed from the compound and the retaliation could be addressed. If the individual is a staff member, steps are instituted to ensure that retaliation is recognized and addressed appropriately (i.e. termination of aggressor, staff transfer of retaliator, or re-assignment of retaliator).

Based on the review of policies, retaliation forms, interviews and analysis, the facility has demonstrated compliance with all provisions of this standard.

115.68 Post-allegation protective custody Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Reviewed (documents, interviews, site review): 1. BCCX Completed Pre-Audit Questionnaire (PAQ)

- 3. Interviews with:
- a. Warden
- b. BCX PCM
- c. Staff Who Supervise Segregation

2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART

115.68 (a) TDOC Index 502.06.2 indicates that any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241, shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Every Protective Custody placement is, by policy, reviewed every 30 days. Inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited; the duration of the limitation; and the reasons for such limitations. This shall be documented on LCDG Contact Notes. Per the PAQ and interviews with the Warden, and staff who supervise segregation there were 0 inmates who alleged to have suffered sexual abuse and/or identified as at risk of being sexual abused placed in involuntary segregated in the past 12 months. The Warden indicated the facility does not place victims of sexual abuse and /or those who are identified as at risk of sexual abuse in segregation. The inmate victim would only be placed in restrictive housing upon the inmate requesting to be placed in protective custody. Per the interview with staff who supervise segregation, the facility policy does not allow the placement of victims and/or those inmates at risk of being sexual abused in involuntary segregation. However, these inmates may request to be placed in protective custody. He continued in stating inmates who are placed in segregation due to pending investigation and/or disciplinary sanctions are given access to various programs and activities. He added however due to the required security measures, access may be limited. Inmates are given access to limited property, church programs, telephones, recreation, medical mental health, legal material, and haircuts. Rounds are completed by the Chaplain, education and library staff to provide books and requested material. The BCCX PCM uploaded 5 inmate's history of placement in involuntary segregation into the OAS to identify inmates placed in involuntary segregation pending institution investigations, and/or for disciplinary sanction, are given access to showers, recreation, and medical and their 30-day reviews. A review of the 13 PREA investigative case files does not include these inmates and they did not report allegations of sexual abuse and/or sexual harassment. However, the review of the investigations did reveal 1 inmate who alleged sexual harassment did request to be placed on suicide watch which was determined as needed by the mental health staff. The auditor conducted interviews with 3 inmates who reported sexual abuse. The 3 inmates confirmed they were not placed in involuntary segregation, but the identified aggressor was. placed in involuntary segregation.

Based on the review of policies, 13 PREA investigation case files, interviews with staff and inmates, and analysis, the facility has demonstrated compliance with this standard.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. PREA Case Files
- 4. Interviews with:
- a. OIC Special Agent in Charge and OIC Institution Investigator
- b. TDOC State-wide PREA Coordinator
- c. BCCX PCM

115.71(a) TDOC 502.06.2 states it is the policy of TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 (CFR Part 115). Staff shall accept reports made verbally, in writing, anonymously, and from third parties. Allegations shall be documented within 24 hours of becoming known to facility staff in the PREA Allegation System (PAS). These investigations shall be conducted within 72 hours of receiving the allegation. SART team members/investigators who have received special training in conducting sexual abuse investigations in confinement settings shall investigate all allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. An interview with OIC Special Agent in Charge indicated all reported PREA allegations are investigated, and it does not matter how the allegation was reported or by who reported the allegation. He stated the OIC Special Agents usually immediately initiated the investigation, but the length of the investigation can depend on the circumstances of the case. He added allegations reported through the PREA Hotline can be listened to by the OIC Institution Investigator while away from the institution to include via a TDOC issued laptop computer and can make the initial PREA log entry into the PREA Allegation System (PAS) from home. There were 13 reported allegations of sexual abuse and/or sexual harassment reported during the 12-month review period. The auditor selected all 13 PREA investigative case files for review. The investigative cases were completed normally within 1 day - 3 days of the reported allegation, depending on the circumstances of the case. Cases pending the results of DNA samplings could be lengthy.

115.71(b) TDOC 502.06.2 states, "where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations." A Sexual Abuse Response Team SART member (OIC Institution Investigator) who have received special training in conducting sexual abuse investigations in confinement settings shall investigate. The OIC Institution Investigator is a member of the SART and conduct all administrative investigations of alleged sexual abuse and sexual harassment. Interviews were conducted with both the OIC Institution Investigator and OIC Special Agent in Charge. Administrative investigation is typically investigated by the OIC Institution Investigator. However, if the case appears criminal in nature, the OIC Special Agent is notified and continues with the investigation. The OIC Institution Investigator and OIC Special Agent views the video, collects witness statements, reviews inmate telephone calls, conducts staff interviews, reviews grievances, reviews the history between the victim and aggressor, reviews disciplinary sanctions, and medical services provided as applicable. A review of the 13 completed PREA investigations revealed the OIC Institution Investigator and OIC Special Agent work closely together during the investigation of the sexual abuse allegations.

115.71(c) TDOC Index 502.06.2 indicates that OIC Special Agents shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of investigation files demonstrated that the investigators utilized all available evidence and data. The 2 Substantiated sexual abuse allegations did not involve sexual penetration and no physical evidence was appliable. Per the Special Agent in Charge, and OIC Institution Investigator all available evidence would be collected and stored and maintained properly throughout the chain of custody. Both added they would conduct interviews with staff working the affected area, neighboring inmates in cells and within the affected area (housing unit, work area, etcaA), review of available video, review for previous PREA allegations, disciplinary history, most recent inmate phone calls, pictures of the affected cell, medical documentation, photos of inmates injuries, collection of victim and aggressor's clothing, and bedding. The Special Agent in Charge stated all allegations are treated as if it could possibly be a criminal case. The last PREA allegation that resulted in the collection of evidence that was preserved for possible criminal charges was reported in BCCX PREA Audit Report dated May 29, 2019. There were 0 reported PREA allegations that involved the collection of physical evidence to include via clothing, and/or bedding. One pending staff inmate on inmate sexual abuse case remain

pending criminal prosecution and is scheduled for court on March 29, 2022. The pending case includes staff and inmate admission of finger insert into the vaginal.

115.71(d) TDOC Index 502.06.2 states when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. An interview with the OIC Special Agent in Charge indicated as a sworn law enforcement officer, the OIC Special Agents are not required to consult with the prosecutor prior to conducting compelled interviews. However, as such, depending on the circumstances of the criminal charges, he would consult with the prosecutor before conducting a compelled interview and usually prior to the indictment. He added the Office of Investigations and Conduct have a great working relationship with the State Assistant District Attorney and both are available to meet as needed.

115.71(e) TDOC Index 502.06.2 states, "The credibility of a victim, suspect, or witness, shall be assessed on an individual basis, and shall not be determined by the person's status as inmate or staff. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation." Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Investigators interviews stated that the credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when an inmate victim would be required to submit to a polygraph examination. A review of the 13 PREA investigative case files did not reveal any indication that the alleged victim was requested to participate in a polygraph or other truth-telling device. Interviews were conducted with 3 inmates reported in sexual abuse allegations. Neither inmate acknowledged being asked to participate in a polygraph or other truth-telling device.

115.71(f) TDOC Index 502.06.2 indicates that administrative investigations shall include an effort to determine whether staff actions or failures to act facilitated the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings. A review of administrative investigations and sexual abuse incident reviews demonstrated the investigators and SART team members include a review to determine the effect of staff actions and/or failures as it pertains to the reported allegation. An interview with both the OIC Institution Investigator and the OIC Special Agent in Charge confirmed they include detailed information in the investigative report if a staff 's actions or lack of responsibilities contributed to facilitating the abuse. Both stated video of the identified area, interviewing all staff within the assigned area to determine if staff was attentive to their duties. In cases that staff is determined to be outside the scope of their duty's actions and /or failure in performing duties contributed to the reported PREA allegations, a separate administrative investigation would be conducted. Staff's actions would not be included in the PREA allegation investigative report. Per the review of the 13 completed PREA investigations, and interviews with investigative staff there were no investigations that determined staff actions and/or failure in performing proper duties contributed to the reported PREA allegations.

115.71(g) TDOC 502.06.2 states that criminal investigations shall be documented in a written report which contains a thorough description of physical, testimonial, and documentary evidence. The review of the PREA investigative casefiles and interviews with both the OIC Institution Investigator and OIC Special Agent in Charge there are 0 pending sexual abuse cases pending DNA samplings for the 12-month review period. However, 1 Substantiated sexual abuse case remain pending DNA samplings that was included in the previous BCCX PREA Audit Report dated May 29, 2019.

115.71(h) TDOC Index 502.06.2 states, "Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There were 2 staff-on on-inmate Substantiated allegations of sexual abuse determined during the 12-month review period. Criminal charges were not pursued for these allegations. One Substantiated staff on inmate sexual abuse case dated August 2020 is scheduled for court on March 29, 2022.

115.71(i) TDOC Index 502.06.2 states that such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years. This practice was confirmed by the OIC Institution Investigator and OIC Special Agent in Charge. Administrative investigative case files are maintained in the PAS at the facility level and criminal investigations are maintained at the Office of Investigations and Conduct. Per the OIC Special Agent in Charge, the investigative cases are maintained in his file room at the main office in Nashville, TN for 10 years or longer.

115.71(j) TDOC Index 502.06.2 states that the departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. Interviews with both the OIC Institution Investigator and OIC Special Agent in Charge confirmed although staff may resign and /or an inmate may be released and or transferred during an investigation, the investigation continues to include the arrest and prosecution of staff when applicable. There were 0 investigations reported during the 12-month review period where staff was terminated and /or resigned prior to the completion of the PREA investigation. An interview with the Special Agent in Charge indicated under circumstances where staff is terminated and/or resign prior to the completion of the investigation, the Special Agents would report to the former staff member's home and advise them of their Miranda Rights. He added once the staff member is no longer employed by the agency, the Special Agent cannot use the Garrity Warning but must advise them of their Miranda Rights.

115.71 (k)(l) The Office of Investigations and Conduct is part of the Tennessee Department of Corrections and conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable, per interviews with the OIC Institution Investigator, OIC Special Agent in Charge, TDOC Statewide PREA Coordinator and BCCX PCM and review of the 13 PREA investigative case files all PREA investigations are authorized to be conducted by the OIC Institution Investigators for administrative investigations and by the OIC Special Agents for both administrative and criminal investigations. OIC Special Agents are sworn law enforcement agents within the TDOC.

Based on the review of policies, investigative case files, documents, interviews and analysis, the facility has demonstrated compliance with all provisions of this Standard.

| 115.72 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Reviewed (documents, interviews, site review): |
| | BCCX Completed Pre-Audit Questionnaire (PAQ) |
| | 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART |
| | 3. PREA Investigative Case Files |
| | 4. Interviews with: |
| | a. OIC Institution Investigator and OIC Special Agent in Charge |
| | 115.72(a) TDOC Index 502.06.2 states, "The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." A review of the investigation documents indicates that the Department does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and/or sexual harassment are substantiated. Per interviews with the OIC Special Agent in Charge and OIC Institution Investigator a preponderance of evidence is the standard necessary to substantiate an allegation of sexual abuse or sexual harassment. A review of the 13 PREA investigative case files, confirmed the investigative staff concluded the investigative findings based on the preponderance of evidence collected at the completion of a thorough investigation and review of all available evidence. |
| | Based on the review of TDOC policy, investigative case files of all reported PREA allegations during the review period, and interviews with the investigative staff, BCCX meets the mandate of the standard. |

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. PREA Investigative Case Files
- 4. TDOC PREA Status Notification CR-3984
- 5. Interviews with:
- a. OIC Institution Investigator, OIC Special Agent in Charge
- b. Warden
- c. Inmates Who Reported Sexual Abuse Allegations

115.73(a) TDOC Index 502.06.2 states following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing as to whether the allegation has been determined to be Substantiated, Unsubstantiated or Unfounded. Interviews with the OIC Special Agent in Charge, OIC Institution Investigator, and Warden identified at the conclusion of each PREA investigation, inmate victims receive notification of the investigative findings. There were 13 PREA completed investigations reported and reviewed for the 12-month review period. Each of the investigative case files included confirmation that the inmate received notification of the investigative findings via their signature or a second staff member serving as witness when the inmate refused to sign on TDOC Inmate PREA Allegation Status Notification form. The notification was presented by staff assigned to the OIC Institution Investigation office.

115.73(b) The agency conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.73(c) TDOC Index 502.06.2 states following an inmate's allegation that a staff member has committed sexual abuse, the Department shall subsequently inform the inmate in writing whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; and the staff member has been convicted on a charge related to sexual abuse within the facility. The auditor conducted interviews with 3 inmates who reported sexual abuse during 12-month review period. The 3 inmates each reported they were notified of the investigative findings in writing and verbally by staff to include the unfounded sexual abuse allegation. There were 2 substantiated staff on inmate sexual abuse investigations during the 12-month review period. In both instances the inmates received notification of 1) The staff member is no longer posted within the inmate's unit, and 2) The employee is no longer employed at the facility.

115.73(d) TDOC Index 502.06.2 indicates following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing whenever the facility learns that an alleged abuser has been indicted on a charge related to sexual abuse within the facility. There were 0 Substantiated PREA allegations that resulted in criminal charges during the 12-month review period. The 2 substantiated staff on inmate sexual abuse cases determined during the 12-month review period did not result in criminal charges as the prohibited acts were limited to kisses, hugs, and unauthorized telephone calls. There were 0 substantiated investigative findings of inmate-on-inmate sexual abuse and or sexual harassment during the 12-month review period.

However, a previous staff on inmate substantiated sexual abuse case that occurred prior to the 12-month review period and remain pending criminal charges was reviewed. The Inmate PREA Allegation Status Notification form documented that 1) The employee is no longer posted within the inmate's unit; 2) The employee is no longer employed at the facility; 3) The employee has been indicted on a charge related to sexual abuse within the facility. The inmate acknowledged her signature as receipt of the notification. This case remained pending during the post-audit phase with a scheduled court date of March 29, 2022.

115.73(e) TDOC Index 502.06.2 states that all notifications shall be done in writing using Inmate PREA Allegation Status Notification, CR-3984, and the inmate shall acknowledge by signature that he/she has received such notification. The notification shall become part of the allegation file. If the inmate refuses to sign the acknowledgement, an additional staff member shall sign and date acknowledging the inmate refusal. Interviews with the OIC Institution Investigator and the OIC Special Agent in Charge indicated staff within the OIC Institution Investigation department provide the notifications of findings

to the inmate population. A review of the 13 completed investigative PREA casefile revealed each of the inmate victims were notified of the investigative findings upon the completion of the investigation. In most cases the alleged victim documented their signature as being informed. However, 2 inmates refused to acknowledge receipt by signature and in such cases, an additional staff member signed as a witness that notification was given to the inmate. One inmate had previously transferred to another TDCO facility prior to the completion of the investigation. He received and acknowledged notification of the investigative finding given to him by that PREA Compliance Manager at his new TDOC location. Confirmation of the 13 inmate notifications were stored in each PREA investigation casefile and maintained by the OIC Institution Investigators.

Based on the review of policies, confirmation of notifications documented and signed by the victim and staff, staff and inmate interview, review of the investigative case files, and analysis, the facility has demonstrated compliance with each provision of this standard.

| 115.76 | Disciplinary sanctions for staff |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Reviewed (documents, interviews, site review): |
| | BCCX Completed Pre-Audit Questionnaire (PAQ) |
| | 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART |
| | 3. PREA Investigation Case Files |
| | 4. Interview with: |
| | a. Warden |
| | b. OIC Institution Investigator |
| | 115.76 (a-d) TDOC Index 502.06.2 states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, or PREA policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. |
| | Per interview with the Warden, employees are disciplined based on the outcome of sexual misconduct investigation to include termination and criminal charges if applicable. An interview with the OIC Institution Investigator and review of the PREA investigation report identified a female correctional officer was terminated upon being determined as involved in an inappropriate relationship with an inmate that involved kissing, letters and telephone calls. There were no reported actions and/or evidence to support sexual penetration. The female security staff member was immediately terminated and banned from further entry on TDOC property. The action of immediate termination imposed by the BCCX Warden was consistent with other similar imposed sanctions issued to staff who committed staff on inmate sexual abuse regardless of the activities involved. |

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. PREA Investigative Case File
- 4. Interviews with:
- a. Warden
- b. OIC Institution Investigator
- c. OIC Special Agent in Charge

115.77(a), (b) TDOC Index 502.06.2 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies and if found to have engaged in sexual abuse or sexual harassment of an inmate shall be prohibited from further contact with any inmate. TDOC Index 115.01 states if after an investigation it is necessary to limit the services of a volunteer, the approving authority shall notify the volunteer in writing of such action. The approving authority may terminate the services of a volunteer, and such termination shall apply to all institutions. Per an interview with the Warden, all volunteers and contractors would be prohibited from further contact with any inmates and prohibited from entering the facility and other TDOC facilities until the completion of the investigation. Further actions would be determined upon the investigative findings that include reporting the individual to relevant licensing bodies as applicable. There were 1 Substantiated allegations of sexual abuse against a contract worker during the 12-month review period and 0 sexual abuse and/or sexual harassment allegations made against volunteers during the review period.

One contract nurse assistant was identified as involved in a staff on inmate substantiated sexual abuse investigation during the 12-month review period. The allegations reported did not involve sexual penetration. However, the sexual abuse actions did include kisses, hugs, and unauthorized telephone calls. The OIC Institution Investigator received the intelligence on August 23, 2021 and conducted an interview with the contract worker on the same date. Upon the contract worker admitting to the reported allegations. She was immediately terminated and banned from further entry and TDOC property by the BCCX Warden. Documentation of termination was retained in the investigative case file.

The auditor also reviewed a Substantiated contract staff on inmate sexual abuse allegation that occurred after the last PREA audit in 2019 and prior to the 12 -month review period of January 1, 2021, through December 31, 2021. Specifically, on August 25, 2020, one contract staff food service (Aramark) worker was involved in a staff on inmate sexual abuse investigation that was determined to be substantiated. The investigation concluded there were actions of sexual penetration (female on female). Per the OIC Institution Investigator and OIC Special Agent, this case was referred for criminal prosecution and remained pending during the post-audit phase with a scheduled court date of March 29, 2022. The contract worker did not possess any relevant licensing to report to a licensing board.

Based on the review of policies, investigative case files, documentation of termination, interviews and analysis, BCCX meets the mandate of all provisions of this standard.

| 5.78 | Disciplinary sanctions for inmates |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
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- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3. Review of PREA Investigative Case Files
- 4. Interviews with:
- a. Warden
- b. Behavior Health Administrator
- c. OIC Institution Investigator

115.78(a) TDOC Index 502.06 states, "Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Per the BCCX PAQ, review of PREA Case Log and review of 13 PREA investigative case files, there were 0 investigative findings of Substantiated allegations of sexual abuse and/or sexual harassment by an inmate during the review period. Therefore, there have been 0 PREA investigations with a criminal finding.

115.78(b) & (c) TDOC Index 502.06.2 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Per an interview with the Warden, the agency has a zero tolerance for sexual abuse and actions of such would be result in disciplinary sanctions in accordance with TDOC policy. He added, an inmate's mental disability falls under a protective class and would be considered prior to any disciplinary sanctions being applied. There were 0 Substantiated allegations of sexual abuse and/or sexual harassment during the 12-month review period of January 1, 2021 – December 31, 2021. Therefore, 0 inmates received disciplinary sanctions for such actions

15.78(d) TDOC Index 502.06.2 states, If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Per an interview with Behavioral Health Administrator, BCCX is an intake facility and does not have a sexual abuse program. The TDOC sexual offender program is offered at the TDOC, DeBerry Special Needs Facility. However, as an intake facility for TDOC, his staff can address an aggressor by meeting with the inmate and inquiring as to if the inmate would accept a sex offender program. If the inmate elects to participate in the program, he/she will be enrolled for participation and transferred upon approval. He concluded the sex offender program is never a requirement and inmates are given the option to attend or not.

115.78(e) TDOC Index 502.06.2 states an inmate may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact. No inmate was discipline under this provision as of the post-audit phase as there were no Substantiated investigative findings of sexual abuse and/or sexual harassment of inmate on staff. During the review period, two staff on inmate sexual abuse cases were determined as Substantiated. Per interviews with inmates, and review of the inmate victims' disciplinary history, the inmates did not receive disciplinary sanctions. However one inmate victim did receive a disciplinary write up due to him making threats towards family members of the former employee via the inmate phone system. The auditor also reviewed the pending criminal case of staff on inmate sexual abuse prior to the review period and confirmed the inmate victim did not receive a disciplinary sanction.

115.78(f) TDOC Index 502.06.2 states, "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 and incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation." There were 0 inmates who received disciplinary sanctions for reporting a false allegation of sexual abuse and/or sexual harassment during the 12-month review period. Interviews OIC Institution Investigator and OIC Special Agent in Charge and the review of PREA investigation case files indicated inmates do not and have not received disciplinary sanctions for reporting PREA allegations that were determined to be false.

115.78(g) TDOC Index 502.06.2 states, "Any prohibition on inmate-on-inmate sexual activity shall not consider consensual sexual activity to constitute sexual abuse." Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse. A review of the PREA investigative case files, and interview with the OIC Institution Investigator, there was no incidents where an inmate was charged with sexual abuse upon being determined they were involved in consensual sexual activity.

Based on a review of policies, interviews and analysis, the facility is compliant with all provisions of this standard.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
- 3. TDOC 113.84 Clinical Assessments, Mental Health Appraisals, and Psychological Testing
- 4. Inmates Arrival Dates
- 5. PREA Mental Health Referrals
- 6. Interviews with:
- a. BCCX PCM
- b. Health Services Administrator and Behavioral Health Administrator
- c. Counselors/Staff who Perform Screening for Risk of Victimization and Abusiveness
- d. Inmates that disclose victimization during PREA Screening

115.81 (a) (b) (c) TDOC Index 502.06.3 states that, "If the screening process indicates that an inmate has experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and behavioral health provider within 14 days of the screening. TDOC Index 113.84 states that each mental health appraisal conducted as part of the initial classification or reclassification process shall be documented on Mental Health Intake Appraisal, CR-3772. The PAQ indicated that 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. The BCCX PCM and mental health staff identified all inmates who arrived at BCCX with a prior history of sexual victimization and those identified previously perpetrated sexual abuse whether inside an institutional setting or in the community are referred to mental health. In circumstances where an inmate identified as a prior victim of sexual abuse and/or previously perpetrated sexual abuse, the inmate is automatically referred to mental health. Upon reporting to mental health, the inmate has the option of refusing the mental health services. Their refusal is documented on mental health intake appraisal while noting the date. As BCCX is the diagnostic center for TDOC numerous inmates reports for the first time they were victims of prior sexual abuse and/or they have a history of prior sexual victimization. Interviews with counselors and Behavior Health staff confirmed the inmates are seen by Behavior Health staff within 7 days after the referral is made. There were 881 mental health referrals during the 12-month review period. BCCX Site 1 is a diagnostic center for newly committed TDOC inmates pending classification. These inmates are normally transferred within 3 weeks of their arrival. Mental health referrals are maintained in the inmates' medical file which are forwarded to the inmates' designated TDOC facility upon his transfer. The 881 inmates who reported prior sexual victimization includes all inmates for BCCX, Site, 1, Site 2, Annex, and Unit 28 (female) whom stay at BCCX could exceed 1 year and more. The auditor randomly selected 20 inmates to review for confirmation of follow-up mental health referrals upon reporting prior sexual abuse and/or previously perpetrated sexual abuse were seen by mental health. All inmates were documented as seen by mental health within 7 days (normally 2 - 4 days) of the referral being made except for 1 inmate who was seen on the 16th day. This inmate was identified as testing positive for COVID upon his arrival and was placed in a single cell on quarantine status. Upon his release from quarantine, he was seen on the second day. Based on the inmate count, the auditor was required to interview 3 inmates who reported prior victimization during risk screening. However, during random inmate interviews, numerous inmates stated they were experienced prior sexual victimization and acknowledged they were seen by mental health staff within a week of their arrival at BCCX . The random interviews included inmates at the various Sites, newly committed inmates and transfers.

115.81(d) TDOC Index 502.06.3 indicates that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and behavioral health practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, bed, work, education, and programs assignments, or as otherwise required by Federal, State, or local law. Per interviews with the 4 staff who conduct risk screening, all indicated the specific details related to sexual victimization or abusiveness is strictly limited.

Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions.

115.81(e) TDOC Index 502.06.3 states that Medical and Behavioral Health providers shall obtain informed consent from

inmates before reporting about prior sexual victimization that did not occur in the institutional setting. Interviews were conducted with both the Behavior Health Administrator (BHA) and the Health Services Administrator (HSA). Both acknowledged they are often advised of prior sexual victimization that occurred prior to incarceration and all inmates are required to sign a consent form at the initiation of services provided. Per the BHA, mental health staff will not talk with an inmate unless they have signed a consent form. Both stated although youthful offenders are not housed at the BCCX if under any circumstances they were, a consent form would not be required, and notification would be made to the local law enforcement who would contact the Department of Children and Family Services. Both stated they are required by TDOC policies, their State Licenses and State and Federal Law to report any knowledge/information received of sexual abuse for individuals under the age of 18. Staff stated they have not incurred an incident or an inmate's refusal to sign a consent form which is required at the initiation of services.

Based on a review of policies, review of mental health referrals, date of inmate's arrival, interviews with staff, random and targeted inmates who reported prior sexual victimization and analysis, the facility is compliant with all provisions of this standard.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
- 3. PREA Investigation Case File
- 4. Interviews with:
- a. BCCX PCM
- b. Health Services Administrator / Behavior Health Administrator
- c. Inmates who disclosed during risk screening

115.82(a) TDOC Index 502.06.3 states victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health providers, according to their professional judgment. An interview with the Health Services Administrator (HSA) and Behavior Health Administrator (BHA)verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The HSA stated the inmate is seen immediately upon being notified as medical staff are on duty 24/7 and available to the inmate population. If the inmate alleges sexual abuse, medical staff will only provide emergency care without services that would disturb any physical evidence. Services provided are within policy and upon the inmate's return to the facility, medical staff would follow the recommendations made by the SANE and/or attending doctor at the local hospital. There were 0 inmates identified in sexual abuse allegation that resulted in sexual penetration during the 12-month review period. The 2 substantiated sexual abuse findings included kisses, hugs, and unauthorized phone calls only. One of these inmates remained at the facility during the on-site visit. He stated he refused medical services. The most recent substantiated sexual abuse case that alleged penetration and met the mandate of a forensic medical examination was included in the most recent BCCX PREA Audit Report dated May 26, 2019. However, in August 2020, a staff-on -inmate sexual abuse allegation was determined as Substantiated. This case involved vaginal penetration via finger (female on female). A forensics medical examination was not initiated. This inmate was previously transferred prior to the on-site visit for attendance in a program not available at BCCX. Three inmates who reported sexual abuse was interviewed during the on-site visit. They acknowledged being seen by medical and mental health staff. Two inmates stated they were already on mental health caseload.

An interview with the Health Services Administrator indicated inmates identified to be victims of sexual abuse are seen immediately upon notification. If an inmate is required to go to the local hospital for a forensic medical examination, the inmate would be seen again upon his or her return. She continued in stating, the nurse would contact the doctor for follow-up test and where to assign the inmate to include the medical infirmary.

The Behavior Health Administrator acknowledged he is also a member of the SART and would be notified of all reported sexual abuse allegations. A mental health referral would be initiated, and the inmate would be seen upon their return to the facility. Upon an inmates' return from the local hospital after the completion of a forensic medical examination, the inmate would be housed alone in an observation room monitored by video and by mental health staff for as long as needed.

A security staff member who served as a first responder. He stated upon the inmate reporting the allegation of sexual abuse, the inmate were already separated from the alleged aggressor (out of cell). He added he immediately reported the allegation to his supervisor and the inmate was escorted to the medical department. He stated the alleged victim did not identify any evidence to be collected and/or preserved.

115.82(b) TDOC Index 502.06.3 states, "If no qualified medical staff are on duty at the time of a report of a recent abuse, a correctional officer trained to render first aid may help as needed". Medical staff are on duty 24/7 at BCCX and medical services are provided at all sites as needed. All staff selected for interviews were aware that medical staff would be notified of reported PREA allegations and respond immediately. Their description of actions taken included notifying the Shift Commander and medical supervisors while keeping the victim safe and separated from the abuser. Both the HSA and BHA identified themselves as members of the Sexual Abuse Response Team and are required to be immediately notified of all PREA reported allegations to include sexual abuse. An inmate reported sexual abuse would be immediately seen by medical staff at the Complex and upon the allegations meeting the mandate of a forensic medical examination, the inmate would be escorted to the local hospital for an examination by a SANE. The inmate would also be seen by medical staff upon their return to the BCCX for follow-up services as instructed by the hospital medical physician. The BHA stated a mental health

referral would be generated and the inmate would be seen by mental health staff. The mental health provider would recommend mental health conclusion for a short period of time to ensure the inmate was not suicidal.

115.82(c) TDOC Index 502.06.3 indicate inmate victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests and timely information about, and access to, all pregnancy-related medical services that are lawful in the community. BCCX houses both male and female inmates. There were 0 staff on inmate and/or inmate on inmate sexual abuse allegations reported during the 12-month review period that included sexual penetration. However, there was 1 staff on inmate (female on female) substantiated sexual abuse case prior to the 12-month review of January 2021 – December 2021. This incident occurred on August 23, 2020. The female-on-female staff on inmate sexual penetration involved fingers only. Therefore, contraception and sexually transmitted infections prophylaxis were not applicable.

115.82(d) TDOC Index 502.06.3 indicates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Interviews with the HSA verified the services would be provided at no cost. An interview with the alleged victim who was transferred to the local hospital for a forensic medical examination reported he had not been advised of any financial responsibility for the services he received at both the institution level and outside hospital.

Based on the review of policies, documentation, interviews and analysis, the facility is compliant with all provisions of this standard.

115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

- 1. BCCX Completed Pre-Audit Questionnaire (PAQ)
- 2. TDOC Index 502.06.03 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
- 3. Interviews with:
- a. Health Services Administrator/ Health Services Administrator
- c. Inmates who reported sexual abuse

115.83(a) TDOC Index 502.06.3 addresses the requirements of this standard. The facility shall offer medical and behavior al health evaluation and as appropriate treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility. If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 14 days of the screening. 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. Interviews were conducted with both the Behavior Health Administrator and Health Services Administrator. Both indicated inmates identified as victims of sexual assault would receive medical and mental health care as medical staff are scheduled 24/7 and while a mental health referral will be initiated for services, policy require the inmate to be seen within 7 days. He added however, mental health staff would report to the facility during non-duty hours as needed and/or based on the circumstances of the alleged abuse. Medical and mental health services follow-up services would be available and offered to the victim in addition to the treatments plan per the physician and/or local hospital medical staff and based on the victim's individual's treatment needs.

Interviews were conducted with 3 inmates who reported sexual abuse at the facility. Two investigations were determined as Substantiated (staff on inmate) but did not include penetration of any sort (kisses, hugs and unauthorized phone calls). One inmate involved in a Substantiated staff on inmate sexual abuse investigation remained at BCCX during the on-site visit. He stated his involvement with the female staff member did not involve sexual penetration and he did not require medical and/or mental health services to include follow-up services. The remaining 2 inmates who reported sexual abuse alleged who remained at BCCX during the on-site visit, allegations were determined to be Unfounded without penetration.

115.83(b) TDOC Index 502.06.3 indicates that 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. Per the Health Services the inmate would continue with follow-up services within the facility until their departure. Per medical and mental health staff all TDOC facilities offer follow-up services within all the correctional facilities that are available upon an inmate's transfer. They both indicated a case manager from their department is responsible for organizing and setting up follow-care medical and mental health care for the victim upon his/her release from TDOC. Services include but are not limited to a medical and mental health clinic within their local area that includes arranging transportation for the inmate to continue with services within their release area. Inmates are issued the appropriate amount of medication upon release until outside services are initiated.

115.83(c) Interviews with medical staff and mental health staff, all indicated the level of care provided to the inmate population is nothing less than equal to the level of care within the communities. TDOC policy does not allow the level of medical and mental health care to go below the community level of care.

115.83(d) & (e) BCCX houses both male and female inmates at separate sites (building 28). Female victims who subject to sexually abusive vaginal penetration are offered pregnancy tests and sexually transmitted infections prophylaxis. The requirement to have timely access to all lawful pregnancy-related medical services is available. Although there were 2 Substantiated staff on inmate on sexual abuse investigation during the 12-month review period, 0 include vaginal penetration. These 2 Substantiated investigations involved kisses, hugs, and unauthorized telephone calls. However, a pending criminal case on staff on inmate sexual abuse case (female on female) reported in August 2020 included fingers inserted into the vaginal only. Therefore, timely and comprehensive information and access to lawful pregnancy-related medical services was not applicable.

115.83(f) TDOC 502.06.3 states inmate victims of sexual abuse, while incarcerated, shall be offered test for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. Although there were 2 Substantiated staff on inmate on sexual abuse investigation during the 12-month review period, 0 include vaginal penetration. These 2 Substantiated investigations involved kisses, hugs, and unauthorized telephone calls. However, a pending criminal case for staff on inmate sexual abuse case (female on female) reported in August 2020 included fingers inserted into the vaginal only. Therefore, the offer for sexually transmitted infections was not applicable per medical staff. This inmate victim was previously transferred prior to the on-site visit at BCCX.

115.83(g) TDOC Index 502.06.3 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Per mental health and medical staff interviews, the victim would not incur any financial cost for treatment services. Inmates are not held responsible for the financial cost of services rendered. There were 0 inmates who received a forensic medical examination since previously documented in the BCCX PREA Audit Report dated May 29, 2019.

115.83(h) TDOC Index 502.06.3 states all facilities shall attempt to conduct a behavioral health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history. They shall be offered treatment when deemed appropriate by behavioral health providers. An interview with the Behavior Health Administrator indicated the facility does not offer programs for aggressors. Inmates who elect to enroll in such program would be assigned to DeBerry Special Needs Institution for the sexual offender program. There were 0 inmates identified as a sexual abuse aggressor since BCCX last previous audit dated May 29, 2019. The BHA indicated his department does offer individual counseling for victims. Aggressor would be offered the sex offender program at DeBerry Special Needs Facility but may choose not to accept. He concluded in stating at no time are inmates required to complete any courses and or programs in order to receive assistance from staff.

Based on the review of policies, PREA investigative case files, staff and inmate interviews and analysis, the facility is compliant with all provisions of this standard.

115.86 Sexual abuse incident reviews Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Reviewed (documents, interviews, site review): 1. BCCX Completed Pre-Audit Questionnaire (PAQ) 2. TDOC Index 502.06.2-1 PREA Allegations, Investigations, and SART 3. TDOC Sexual Abuse Incident Reviews for 2019, 2020 and 2021 4. Interviews with: a. Warden

- b. BCCX PCM
- c. BCCX SART Coordinator/Incident Review Team Member
- d. TDOC State-wide PREA Coordinator

115.86(a)(b)(c) TDOC 502.06.2 states, the facility shall conduct a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, including investigations in which the allegation has not been determined as Substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Warden/Superintendent/designee, Associate Warden of Treatment/Deputy Superintendent/Assistant Wardens at privately managed facilities, facility and OIC Institution Investigator, line supervisor, and medical/mental health professionals. These individuals are members of the Sexual Assault Response Team (SART) whom duties include but not limited to meeting monthly to discuss and review Substantiated and Unsubstantiated sexual abuse cases. The Warden confirmed during interview that staff are assigned to SART who are supervisors of various departments such as the Behavioral Health Administrator, Health Services Administrator, Associate Warden (T)/Facility PREA Coordinator, line staff supervisor, Warden, at the least in addition to other supervisory staff.

There were 2 Substantiated sexual abuse findings and 0 Unsubstantiated sexual abuse findings. Although not required per the standard, BCCX conducted incident reviews for 2 Unsubstantiated sexual harassment investigations. The auditor concluded the incident review for 1 of the Substantiated sexual abuse investigations was conducted outside the 30-day standard requirement. Specifically, the investigation was documented as complete on August 23, 2021. The SART conducted the incident review on September 30, 2021, (on the 34th day). The auditor also identified that 1 of the 2 incident reviews conducted for the Unsubstantiated sexual harassment investigation was also conducted outside of the 30-day period. However, incident reviews are required to be completed for Unsubstantiated and/or Substantiated sexual harassment allegations. The BCCX PCM indicated the investigative reports were completed after the monthly scheduled SART meeting was held as the reason for its tardiness. The auditor advised the BCCX PCM that the timeliness of the monthly meeting is an unacceptable reason for the delayed reviews.

Due to the inconsistency of staff conducting the incident reviews within 30 days of the completed investigations, the auditor requested to review completed incident reports from previous years. The auditor reviewed 8 completed incident reviews that include 3 in 2019 and 5 in 2020. These incident reviews consisted of Unsubstantial and Substantiated sexual abuse and sexual harassment findings. The review was confirmed the following:

- #1) investigation completed on 09/04/2019, incident review conducted on 09/30/2019.
- #2) Investigation completed on 10/11/19, incident review conducted on 10/31/2019.
- #3) Investigation completed on 11/21/2019., incident review completed on 11/26/2019.
- #4) Investigation completed on 01/02/2020, incident review completed on 01/02/2020
- #5) Investigation completed on 03/12//2020, incident review completed on 03/31/2020
- #6) Investigation completed on 08/03/2020, incident review completed on 08/30/2020
- #7) Investigation completed on 09/29/2020, incident review completed on 10/29/2020
- #8) The review concluded 1 investigation was completed on 09/28/2020 and the incident review was conducted on 09/29/2020. Therefore this incident review was conducted beyond 30-days of the completed PREA investigation.

BCCX completed 1 Unsubstantiated sexual abuse investigation finding incident review outside the 30-day requirement throughout 2019 and 2020. The remaining 7 incident reviews were conducted with the provision of the standard.

The TDOC State-wide PREA Coordinator employed a corrective action process to address the discrepancy identified during the 12-month review period for the delayed incident review for the 1 Substantiated sexual abuse investigative finding during the 12-month review period. The TDOC State-wide PREA Coordinator conducted a training session via telephone conference with all TDOC PREA Compliance Managers with emphasis on completing incident reviews timely and within 30-days of the completed investigation. All members of the SART who also serve on the incident review panel were required to note their signature as receipt of training. The official TDOC positions of the SART members are as the following: Associate Warden of Treatment/Facility PREA Coordinator; BCCX PCM; OIC Institution Investigators; Associate Warden of Treat/Security; Associate Warden of Security; Health Services Administrator; Infectious Control Nurse; Behavioral Health Administrator; Facility PREA Victim Advocate; Director of Nursing; and Chief of Security

115.86(d) (e) TDOC 502.06.2 requires the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the area in the facility where the incident allegedly occurred to determine if there are physical plans issues that may have contributed to the incident and assess staffing levels in the area and whether monitoring technology should be deployed or augmented to supplement supervision by staff in these areas. Per the Warden, the SART (incident review committee) are required to prepare and submit a report of findings to him that identifies problem areas, necessary corrective action, and recommendation for improvement. A review of the completed incident reviews confirms the SART (incident review team) acknowledges they have examined the area in the facility where the incident allegedly occurred to assess whether physical barriers to the area may have enabled abuse; the review team has assessed the adequacy of staffing levels in the area during different shifts; the review team has assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff; the review team has considered whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; the review team considers whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBT identification, status or perceived status, or gang affiliation, or was motivated or caused by other group dynamics of the facility a may have enable abuse. Comments were noted where deemed applicable. An interview with the Associate Warden (T)/Facility PREA Coordinator concerned the SART reviews and documents areas of concerns while also acknowledging the review of the areas.

BCCX failed to conduct 1 of the 2 incident reviews within 30-days of the completed PREA investigations. However, during a review of 8 completed incident reviews conducted in the past years of 2019 and 2020, staff demonstrated they are aware of the standard provision while only 1 of the 8 incident reviews exceeded the 30-day review requirement. Additionally, the SART (members of the incident review team) received refresher training with an emphasis on conducting incident review timely, within 30 -days of the completed investigation from the TDOC State-wide PREA Coordinator during the post audit phase. All SART members that included the BCCX Associate Warden (T)/ Facility PCM Coordinator, BCCX PCM and others were required to acknowledge receipt of the training. Staff acknowledged their understanding that all incident reviews are to be conducted within 30-day of the completed investigation regardless of the scheduled monthly SART meetings and adjustments must be made that will allow them to meet the provision of the standard. Therefore, the auditor concludes BCCX meets compliance of all provisions of the standard

| 115.87 | Data collection |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Reviewed (documents, interviews, site review): |
| | BCCX Completed Pre-Audit Questionnaire (PAQ) |
| | 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance |
| | 3. 2020 Annual SSV PREA Report |
| | 4. Contract Facilities PREA Allegation Data |
| | 5. Interviews with: |
| | a. TDOC State-wide PREA Coordinator |
| | 115.87(a) TDOC Index 502.06 states that staff shall collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. TDOC shall aggregate the incident-based sexual abuse data at least |

115.87(a) TDOC Index 502.06 states that staff shall collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. TDOC shall aggregate the incident-based sexual abuse data at least annually. Per an interview with the State-wide PREA Coordinator, data is collected by the Decision Support: Research and Planning Development Department using the Department of Justice annual reporting format and the set definitions identified in TDOC Index #502.06.

115.87(b) TDOC Index 502.06 indicates that the TDOC shall aggregated the incident-based sexual abuse data at least annually. The PREA Coordinator shall ensure that data collected is securely retained. The TDOC PREA Coordinator shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.

115.87(c) The State-wide PREA Coordinator provided a copy of their most recent 2020 SSV report that demonstrated that the data collected by the facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence. Per an interview the Department of Justice has not requested a more recent copy of the Agency's Survey of Sexual Violence.

115.87(d) TDOC Index 502.06 states, that TDOC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

115.87(e) TDOC Index 502.06 states, "The TDOC PREA Coordinator shall ensure that data collected is securely retained. TDOC shall make all aggregated sexual abuse data, from TDOC facilities and private facilities with which it contracts, readily available to the public at least annually through the TDOC website. Per an interview with the TDOC State-wide PREA Coordinator he maintains an open line of communication with the 4 contract facilities and conducts regular visits at the sites. He monitors all reported PREA allegations. He added PREA reported allegation data for the contract facilities are collected and maintained separately from that of the TDOC. This is in effort to prevent these allegations from being counted twice as TDOC and within the contracting agency. A review of the information provided by the contracting agencies complies with the SSV reporting requirement.

115.87(f) TDOC 502.06 indicates that a report prepared by the State-wide-PREA Coordinator shall be prepared utilizing the Department of Justice annual format. The State-wide PREA Coordinator provided the auditor a copy of the 2020 SSV-2 which demonstrated the information was submitted to the Department of Justice timely and stated the DOJ has not requested a more recent copy of the SVV-2020.

Based on the review of policies, review of SVV report, interviews and analysis, the facility is compliant with all provisions of this standard.

115.88 Data review for corrective action Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Reviewed (documents, interviews, site review): 1. BCCX Completed Pre-Audit Questionnaire (PAQ)

- 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
- 3. Agency website
- 4. 2020-2021 Annual PREA Report
- 5. Interviews with:
- a. State-wide PREA Coordinator
- b. Agency Head Designee

115.88(a-d) TDOC Index 502.06 addresses the requirement of this standard. The Directive indicates that TDOC staff shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; If applicable, identifies Department-wide problem areas or problems within specific correctional facilities; Is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year's data and activities with that available from previous years; Assesses the Department's progress in addressing sexual abuse; and is approved by the Commissioner and made readily available to the public through the Department's website. Personal identifiers shall be removed prior to the data being made publicly available. Per interviews with the Agency Head Designee and TDOC State-wide PREA Coordinator, section of the report identifies corrective actions taken. The SART conduct monthly walk throughs within the facility while identifying and submitting any work orders that are required to be completed by the following monthly walk-through of not less than 30 - days. The Commissioner receive a monthly report of all allegations reported at each TDOC facility.

Per the Agency Head Designee, TDOC use the incident-based sexual abuse data to assess and impro sexual abuse prevention, detection and response policies, practices, and training in the following manners. All incidents are reported and investigated, trends are identified (i.e. regarding the time, location, staff involved etc.) As the trends are identified, processes and policies are refined to ensure the adequate addressing of any issues found. If there is a deficiency noted that can be correct with additional train, it is arranged. If there is an issue that needs to be clarified, a memorandum of instruction is issued. The retaliation monitoring conducted for victims, and staff reporter was born out of trends observed.

The State-wide PREA Coordinator confirmed he review the data collected and approval. He submits the comparison and forward to the Commissioner for review and approval via signature. Only then can the report be posted on the Department's website.

The auditor reviewed the website at https://www.tn.gov/correction/sp/prison-rape-elimination-act.html and verified the 2020 – 2021 Annual Report was signed by the Commissioner and published. A review of the report indicated a comparison of 2019-2020 and 2020 – 2021. The report was dated September 29, 2020 (error 2021) and signed by the TDOC Commissioner on October 22, 2021. The report is professionally written and addresses the requirement of this standard.

Based on a review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this standard.

| 115.89 | Data storage, publication, and destruction |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Reviewed (documents, interviews, site review): |
| | BCCX Completed Pre-Audit Questionnaire (PAQ) |
| | 2. TDOC Index 502.06 PREA Implementation, Education, and Compliance |
| | 3. Agency website |
| | 4. 2020-2021 Annual PREA Report |
| | 5. Interview with: |
| | a. TDOC State-wide PREA Coordinator |
| | 115.89 (a-d) TDOC Index 502.06 addresses the requirements of this standard. The directive indicates the TDOC PREA Coordinator shall ensure that data collected is securely retained. The TDOC is responsible for completing an annual report and when approved by the Commissioner it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a prison before publication indicating the nature of the redacted information and related personal identifiers shall be removed prior to being made public. Securely maintain incident—based and aggregate data ensuring only authorized personnel have access to the information. The TDOC State-wide PREA Coordinator shall maintain sexual abuse data for at least 10 years after the date of the initial collection. |
| | Per an interview with the State-wide PREA Coordinator, he also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website at https://www.tn.gov/correction/sp/prison-rape-elimination-act.html verified the 2020-2021 Annual Report was published. A review of the annual reports indicated there were no personal identifiers included. |
| | Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this standard. |

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor forwarded the PREA Notification to the BCCX on December 14, 2021, for posting throughout the complex. On December 20, 2021, the auditor received confirmation of the posting in inmate housing units, program areas and work assignment via photos of the postings submitted from the BCCX PCM. Confirmation of the postings identified the notice was posted six weeks in advance of the on-site auditor's visit. Inmates confirmed their observation of the notice of audit posted throughout the institution which noted the procedure to submit confidential correspondence to the auditor. Per an interview with mailroom staff, inmates were allowed forward confidential correspondence to the auditor in the same manner as mail addressed to legal counselor. The auditor received 1 letter from the inmate population. This inmate was included in the random inmate selection for interview. The auditor did not receive any correspondence from staff.

TDOC Index 502.06 PREA Implementation, Education, and Compliance was reviewed and meets the requirement of this standard. The directive requires the PREA Coordinator to ensure that Department PREA-related activities comply with federal PREA standards in the following areas, Audits, and Auditing and corrective action. This the third year of the third audit cycle for BCCX. The Agency oversees 10 TDOC facilities and 4 contract facilities. The TDOC website maintained PREA audit reports posted for all facilities during the past audit cycle. The auditor also reviewed the 4 contract facilities' website and confirmed timely submitted PREA reports within the audit cycles.

The auditor was provided extensive files prior to the on-site audit, for review to support a conclusion of compliance with PREA standards. During the on-site visit, pre-audit and post audit phases, the auditor reviewed and received sufficient sampling based on the size of the facility, all PREA investigative files, in addition to staff, volunteers, contract workers and inmate training records, inmate risk screenings, mental health referrals, background investigations, review of housing unit logbooks, program information and documents. The auditor interviewed an excess of the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements that included staff and inmates throughout the Complex. The auditor was given access to and the opportunity to tour and visit all areas of the BCCX Complex All supervisory, non-supervisory, upper management staff to include Warden, Associate Warden Security, Facility Fiscal Director, Associate Warden (T)/Facility PREA Coordinator, BCCX PCM, random staff, random inmates and targeted group inmates were conducted on-site within an office that ensured privacy.

| 115.403 | Audit contents and findings |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Per TDOC directives and standard requirements, TDOC ensures all final reports will be published on their websites to be available to the public. A review of the TDOC website at www.tn.gov/correction/sp/prisonrape-elimination-act.html contained the final PREA reports for the 10 TDOC facilities and 4 contract facilities. These final reports were published on the agency's website within 90 days of issuance. |
| | Based on the above, the facility has demonstrated substantial compliance with this standard |

| Appendix: Provision Findings | | |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 115.11 (a) | 5.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |

| 115.13 (a) | Supervision and monitoring | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | na |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

| 115.13 (d) | Supervision and monitoring | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |
| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |

| 115.15 (d) | Limits to cross-gender viewing and searches | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |

| 115.17 (f) | Hiring and promotion decisions | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.21 (c) | Evidence protocol and forensic medical examinations | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | па |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

| Policies to ensure referrals of allegations for investigations | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| Does the agency document all such referrals? | yes |
| Policies to ensure referrals of allegations for investigations | |
| If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | na |
| Employee training | |
| Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment | yes |
| Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| Employee training | |
| Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Does the agency document all such referrals? Policies to ensure referrals of allegations for investigations If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Employee training Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retatiation for reporting sexual abuse and sexual harassment? Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment victims? Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Does the agency train all employees who may have contact with inmates on how to communicate effectively and profes |

| 115.31 (c) | Employee training | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | 32 (b) Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |

| 115.33 (d) | Inmate education | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |
| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

| 115.35 (a) | Specialized training: Medical and mental health care | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.41 (d) | Screening for risk of victimization and abusiveness | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | <u> </u> |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

| 115.41 (g) | Screening for risk of victimization and abusiveness | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | (h) Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d) (8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |
| 115.42 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

| 115.42 (d) | Use of screening information | |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | yes |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |

| 115.43 (b) | Protective Custody | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| 115.43 (c) | Protective Custody | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) | Protective Custody | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.51 (a) | Inmate reporting Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |

| 115.51 (b) | Inmate reporting | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

| 115.52 (d) | Exhaustion of administrative remedies | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |

| 115.53 (a) | Inmate access to outside confidential support services | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

| 115.61 (c) | Staff and agency reporting duties | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |

| 115.64 (b) | Staff first responder duties | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | a) Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

| 115.67 (c) | Agency protection against retaliation | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |

| 115.71 (b) | Criminal and administrative agency investigations | |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (I) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | na |

| 115.72 (a) | Evidentiary standard for administrative investigations | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | na |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

| 115.76 (c) | Disciplinary sanctions for staff | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | no |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

| 115.78 (f) | Disciplinary sanctions for inmates | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

| 115.82 (c) | Access to emergency medical and mental health services | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes | |
| 115.82 (d) | Access to emergency medical and mental health services | | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes | |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes | |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes | |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes | |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes | |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes | |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes | |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes | |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes | |
| 115.86 (a) | Sexual abuse incident reviews | | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes | |

| 115.86 (b) | Sexual abuse incident reviews | | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes | |
| 115.86 (c) | Sexual abuse incident reviews | | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes | |
| 115.86 (d) | Sexual abuse incident reviews | | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes | |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes | |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes | |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes | |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes | |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes | |
| 115.86 (e) | Sexual abuse incident reviews | | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes | |
| 115.87 (a) | Data collection | | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes | |
| 115.87 (b) | Data collection | | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes | |
| 115.87 (c) | Data collection | | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes | |
| 115.87 (d) | Data collection | | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes | |
| 115.87 (e) | Data collection | | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes | |
| 115.87 (f) | Data collection | | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes | |

| 115.88 (a) | Data review for corrective action | | |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes | |
| 115.88 (b) | Data review for corrective action | | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes | |
| 115.88 (c) | Data review for corrective action | | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes | |
| 115.88 (d) | Data review for corrective action | | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes | |
| 115.89 (a) | Data storage, publication, and destruction | | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes | |
| 115.89 (b) | Data storage, publication, and destruction | | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes | |
| 115.89 (c) | Data storage, publication, and destruction | | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes | |
| 115.89 (d) | Data storage, publication, and destruction | | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes | |
| 115.401 (a) | Frequency and scope of audits | | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes | |

| 115.401 (b) | Frequency and scope of audits | | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes | |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na | |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na | |
| 115.401 (h) | Frequency and scope of audits | | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes | |
| 115.401 (i) | Frequency and scope of audits | | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes | |
| 115.401 (m) | Frequency and scope of audits | | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes | |
| 115.401 (n) | Frequency and scope of audits | | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes | |
| 115.403 (f) | Audit contents and findings | | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes | |