

PREA Facility Audit Report: Final

Name of Facility: Hardeman County Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/27/2022

Date Final Report Submitted: 06/09/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Auditor Full Name as Signed: Kenneth E Arnold	Date of Signature: 06/09/ 2023

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	10/04/2022
End Date of On-Site Audit:	10/06/2022

FACILITY INFORMATION	
Facility name:	Hardeman County Correctional Facility
Facility physical address:	2520 Union Springs Road, Whiteville, Tennessee - 38075
Facility mailing address:	

Primary Contact	
Name:	Shameka Bivens
Email Address:	Shameka.Bivens@corecivic.com
Telephone Number:	731-254-6002

Warden/Jail Administrator/Sheriff/Director	
Name:	Vince Vantell
Email Address:	mailto:Vincent.Vantell@corecivic.com
Telephone Number:	731-254-6001

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	2016
Current population of facility:	1964
Average daily population for the past 12 months:	1960
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	20 years and up
Facility security levels/inmate custody levels:	Minimum and Medium
Does the facility hold youthful inmates?	No

Number of staff currently employed at the facility who may have contact with inmates:	343
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	15
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	10

AGENCY INFORMATION	
Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	6152633000

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	6152633000

Agency-Wide PREA Coordinator Information			
Name:	Eric Pierson	Email Address:	Eric.Pierson@corecivic.com

Facility AUDIT FINDINGS
Summary of Audit Findings
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:

1

- 115.31 - Employee training

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:	2022-10-04
2. End date of the onsite portion of the audit:	2022-10-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Sexual Assault Response Program Director at Women's Resource and Rape Assistance Program (WRAP). Contact with the WRAP Sexual Assault Response Program Director reveals that nine offender victims have reached out (telephonically) to WRAP Victim Advocates (VAs) since July 1, 2022. By virtue of the MOU with HCCF and the information previously described, offender victims can call them regarding provision of advocacy services. WRAP VAs can visit victims pursuant to coordination with the PCM. With respect to presence during forensic interviews and/or investigatory interviews, VA services can be provided pursuant to request from TDOC staff or physicians at the hospital. The interviewee states that there is no state continuing education requirement for VAs. Initial selection is based on a combination of education and experience. Specialized VA training is offered to VAs on an annual basis, minimally, through the Tennessee Coalition for Domestic and Sexual Violence.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2060
15. Average daily population for the past 12 months:	1960
16. Number of inmate/resident/detainee housing units:	39
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1951
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:	4
39. Enter the total number of inmates/residents/detainees with 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:	1

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:	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
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:	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
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:	5
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:	2
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:	3
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

<p>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):</p>	<p>NA</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>343</p>
<p>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:</p>	<p>10</p>
<p>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:</p>	<p>15</p>
<p>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:</p>	<p>NA</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>30</p>

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Interviewees were randomly selected from each housing unit based on the above criteria. A conscious effort was employed to ensure that the entirety of interviewees represented the above characteristics.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>NA</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>

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".

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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:</p>	<p>1</p>

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Pursuant to the auditor's random discussions with offenders during the facility tour and at other times during the on-site audit, he did not find any instances wherein offenders did not speak English. Additionally, pursuant to random conversations with staff, the auditor was advised that offenders are fairly fluent to very fluent in the English language.</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>5</p>

<p>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:</p>	<p>2</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Pursuant to conversations with staff assigned to the RHU and review of documentation noted on cell doors, the auditor found no instances wherein offenders assigned to that unit were housed for risk of sexual victimization. Some offenders were housed in the unit for protective custody.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor notes that four total offenders were interviewed regarding sexual abuse/harassment reports at HCCF. One of those offenders actually reported a sexual harassment case. HCCF staff advised that these were the only offenders housed at HCCF at the time of the on-site audit who reported sexual abuse/harassment during the last 12 months.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, and ethnicity were factors considered in terms of random staff interviewee selection.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>NA</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would 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):	16
76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	The Agency Head was interviewed at the corporate office using the Agency Head questionnaire. Responses were provided to the auditor and he did not identify any follow-up questions.
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the PREA Coordinator:	The CCPC provided his responses to the PC Questionnaire in written format. As he was on-site throughout the audit, he was available to address any follow-up questions.
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	NA

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>NA</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>14 Human Resources files, inclusive of promotion documentation relied upon. 41 total Staff Training files. 19 total Sexual Abuse/Harassment investigations. 40 total Offender files.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT 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	11	0	4	8
Staff-on-inmate sexual abuse	4	0	0	4
Total	15	0	4	12

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	3	0	3	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	4	0	4	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 detainee 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	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	2	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	2	1	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	1	10	0
Staff-on-inmate sexual abuse	0	0	0	4
Total	0	1	10	4

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	3	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	4	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:	15
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>11</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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.	Unable to review criminal investigations as the same are not provided to facility staff.
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.	<input type="radio"/> Yes <input checked="" type="radio"/> 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.

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)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders, is included in this policy.</p> <p>The Zero Tolerance policy is clearly articulated in CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 3, section A(1). Pages 1-25 of the same policy address all facets of the PREA program at HCCF.</p> <p>The auditor's review of eight PREA ZERO TOLERANCE ACKNOWLEDGMENT forms signed and dated by staff reveals substantial compliance with 115.11(a). This</p>

document provides a description of sexual abuse/harassment and reporting options. The document is signed and dated during orientation training.

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the CC Organizational Chart, the agency-wide PREA Coordinator (CCPC) (Senior Director of PREA Compliance and Programs) is a full-time position and he reports to the Vice President of Core Operations (VPCO). The VPCO reports to the Chief Operating Officer (COO) who is a member of the CC executive staff. The auditor finds the CC PREA chain of command sufficient to accomplish all PREA needs.

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering a minimum of 57.

As senior director, he oversees the director who facilitates reviews of all PREA investigations. The CCPC handles audits and compliance matters, inclusive of policy development and updates.

The CCPC and director facilitate quarterly Skype sessions with facility PCMs and travel to facilities for audits and training sessions, inclusive of investigative training. The CCPC and director are in contact with PCMs on a daily basis relative to investigations and audit issues.

The CCPC's primary focus is audit preparation and follow-up regarding corrective action plans. Specifically, he reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. He is able to provide technical on-site assistance and training to correct practices that may have developed due to a misunderstanding of PREA standards. In his position, he is able to involve CC managing directors and vice presidents to address concerns requiring their intervention. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Pursuant to the PAQ, the Warden self reports there is a designated PCM at Hardeman County Correctional Facility (HCCF). The assistant warden (treatment) (awt) fulfills this role. According to the Warden, she does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor's review of two memorandums authored by two Wardens reflects the awt is designated as the PCM at HCCF. According to the HCCF Organizational Chart, the awt/PCM reports directly to the Warden (CEO).

The HCCF PCM asserts she does not have sufficient time to devote to her PREA duties however, she makes time. She makes daily Management by Wandering Around (MBWA) tours throughout the facility. During these tours, she is accessible to both staff and offenders. She monitors opposite gender staff announcements, poster accessibility and positioning, etc. Many of her PREA-related responsibilities are addressed during MBWA rounds. A PREA incident brings the remainder of the day to a

	<p>halt to ensure complete and appropriate handling of the matter, step-by-step. This hands-on approach with "all things PREA" provides continuity throughout the program and facility.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, HCCF is a private facility, under contract with no other jurisdictions to house those offenders designated to its care, custody, and control. CC, the parent company, contracts with the Tennessee Department of Corrections (TDOC), housing TDOC offenders.</p> <p>The auditor finds no deviations from the requirements of 115.12 and accordingly, HCCF is substantially compliant with 115.12.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect offenders against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of offenders is 1244. The staffing plan is predicated upon an average daily number of offenders of 1960.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section D(5)(a)(i-xi) addresses 115.13(a).</p> <p>The auditor's review of the May 6, 2019, May 5, 2020, and May 3, 2021 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same is reviewed and approved by the HCCF PCM, Warden, CCPC, and respective CC Vice President. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a).</p> <p>The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect offenders against sexual abuse are considered in the</p>

plan. The marriage between staffing and electronic surveillance is sufficient to facilitate offender sexual safety. One staff member supervises two pods as a rover. Clusters of pods comprise each unit and each pod/unit is well supervised by electronic monitoring (cameras). Two staff are assigned to the central control center. Non-security staff also supervise program and operational areas throughout the facility.

Cameras are located and positioned in all housing areas and hallways. Cameras are absent from cell interiors.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, a hard copy is maintained in the Warden's Office and electronic copies are maintained in a password protected system, accessible only the administrative duty officer (ado) team. In essence, the staffing plan is determined by both Corporate and the customer.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

a. Considerations regarding generally accepted detention and correctional principles center on an analysis of the areas to which offenders have access, blind spots, whether camera/mirror surveillance is adequate, areas of offender concentration, line of sight considerations, and sexual abuse/harassment incident locations. The staffing plan is largely determined by the TDOC contract and CC requirements. American Correctional Association (ACA) Best Practices regarding staffing are considered.

Extra staffing can be requested from corporate based on Sexual Abuse Incident Review (SAIR) results, increases in population, and other factors. CC security staff conduct annual security audits, encompassing offender supervision practices.

b. There has been no judicial findings of inadequacy during this audit period.

c. There has been no findings of inadequacy from federal investigative agencies.

d. There has been no findings of inadequacy from internal or external oversight bodies.

e. Blind spots and line of sight are addressed above. PREA vs. physical plant considerations are always assessed during daily/weekly MBWA rounds (facilitated by management staff in addition to requisite line staff tours and rounds).

f. A heavy gang member population is evident at HCCF. The LGBTI population is not a significant concern. Ethnic balance (70% black, 30% caucasian, and a handful of hispanics) is relatively stable.

g. A shift captain, lieutenants, and sergeants are present on each shift. This staffing strategy is adequate for this institution. Sergeants and above are considered supervisory and accordingly, sufficient supervisory presence and benefits are realized. Sergeants are the "go to" staff on each shift as they are present in the hallways and units the majority of the time. Lieutenants facilitate a more generalized role as the second layer of supervision. Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds.

h. The majority of programming is facilitated on first shift in view of staffing.

Programming is closely monitored in terms of numbers and key indicators. If additional staffing is required for a special event, management provides assistance. If an increase in offender presence is noted during programming, staffing is adjusted to compensate.

i. The facility is subject to TDOC and CC PREA policies and standards. State of Tennessee laws prevail in terms of operations.

j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing/ or electronic surveillance modification(s).

k. None.

In regard to daily checks for compliance with the staffing plan, the Warden reviews staffing on a daily basis. The chief of security (cos) also provides updates. Results are documented on the roster and in a log book.

The auditor notes that the PCM provided essentially the same responses in terms of the above. Accordingly, the Warden's interview synopsis is also applicable to the PCM.

The auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was substantial and cameras are vigorously monitored. Camera placements are abundant and placements are strategic. The presence of sergeants throughout the facility was impressive. Finally, line of sight is linear in some units while two tiers of cells in a 270 degree configuration comprise the remainder.

Pursuant to the PAQ, the Warden self reports 115.13(b) is not applicable to BCCF as there were no deviations from the staffing plan during the last 12 months. The PCM validated the same in a memorandum dated August 22, 2022.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section D(5)(e) and (f) addresses 115.13(b).

The Warden asserts all instances of non-compliance with the PREA Staffing Plan would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted during the last 12 months. If staffing plan non-compliance was to occur, a report would be completed and forwarded to the CCPC, managing director, and customer. The report would address the reasons for the vacancy and non-compliance.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13.

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine:

Whether adjustments are needed to the staffing plan;
The deployment of monitoring technology; and

The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section D(5)(c)(i-iii) and (d) addresses 115.13(c).

The auditor's review of the December 12, 2019 (addresses calendar year 2020 and 2021) and June 21, 2022 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a) and (c).

The CCPC asserts he is consulted regarding any assessments of, or adjustments to, the staffing plan for HCCF. Specifically, he is a reviewer and co-signer for the HCCF Annual Staffing Plans pursuant to policy.

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section D(1) and (3) addresses 115.13(d).

The auditor's review of six 2022 HCCF Supervisory Unannounced PREA Rounds log entries reveals requisite 115.13(d) tours were completed by the PCM and a lieutenant. Rounds were facilitated in different areas of the facility. Additionally, two 2022 weekly sign-in documents reveal substantial compliance with 115.13(d).

The intermediate or higher facility level staff interviewee asserts he facilitates unannounced sexual safety rounds. He asserts he completes unannounced rounds every day in every pod. He documents unannounced PREA rounds in both the unit/pod log book and unit sign-in book. During unannounced sexual safety rounds, he walks all tiers and checks each cell.

The interviewee asserts he varies times for the conduct of rounds, varies his path for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time, and he may double back, conducting two tours on the same day. No patterns are established. Additionally, he may use other unit entrances. He generally makes rounds by himself.

The interviewee asserts he reinforces, with staff, that alerting each other as to the supervisor's location and rounds is not acceptable.

During the facility tour, the auditor reviewed log books in various housing units and other areas, finding documented times for supervisory unannounced PREA rounds.

In view of the above, the auditor finds HCCF substantially compliant with 115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Youthful offenders are not housed at HCCF. The Warden confirmed the same pursuant to PAQ memorandum and on-site audit pursuant to observation. While 115.14(a-c) are deemed to be not applicable to HCCF, the auditor finds HCCF to be substantially compliant with 115.14 as there are no deviations from either standard or policy.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.14.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of offenders are not conducted at HCCF. However, the existence of exigent circumstances dictates whether the same can be conducted. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of offenders were facilitated at HCCF during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section (J)(3) reveals substantial compliance with 115.15(a).</p> <p>According to the non-medical staff involved in cross-gender strip or visual searches of offenders interviewee, female staff do not generally conduct cross-gender strip or visual searches of offenders at HCCF. When questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated when an offender is suspected (reasonable suspicion) of being in possession of a weapon secreted in his rectum, the same would constitute an exigent circumstance.</p> <p>Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and offenders, the auditor did not discover any violation(s) of 115.15(a).</p> <p>Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Pursuant to the auditor's review of the CC website and on-site observations, only male offenders are housed at HCCF and the auditor's on-site observation confirmed the same.</p> <p>Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. As female offenders are not housed at HCCF, policy provisions regarding cross-gender pat searches of female offenders are not applicable.</p>

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section J(5) address 115.15(c).

The auditor notes that all strip searches are logged in the HCCF General Area Search Log and on a Form 5-1B. He finds no violation of 115.15(c) requirements.

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at HCCF that enable offenders to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). The Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section J(6) and (7) address 115.15(d).

During the facility tour, the auditor reviewed facility cameras. At the time of the tour, female staff were assigned to the area where the monitors are maintained.

Reportedly, these are the only facility monitors wherein housing and program area interior areas are monitored by staff. The auditor's review of these camera angles validated the aforementioned statement as the auditor noted the cameras do not capture cell interiors nor shower areas. It is noted each cell contains a toilet/sink combination.

The auditor's observation of suicide/ambulatory care clinic cells reveals the same are not equipped with cameras. Accordingly, there are no 115.15(d) concerns in that regard.

During the facility tour, the auditor noted that showers are generally located against one wall in housing units. All showers were properly shielded with a shower curtain and a cinder block wall is erected outside the shower area(s) further shielding observation. The auditor observed the showers from the top tier at various locations throughout the units and was not able to observe genitalia, etc. Furthermore, none of the 41 total offender interviewees alleged privacy issues with the showers. Of note, a toilet/sink combination is located in each cell.

During the facility tour and throughout the on-site audit period, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering pods. This practice appears to be institutionalized at HCCF.

Additionally, the auditor observed a painted notice at each pod entry area reflecting that opposite gender staff must announce their gender upon entering the area.

Twenty-five of 30 random offender interviewees assert female staff announce their presence when entering opposite gender housing units. In regard to query as to whether offenders are ever naked or in full view of opposite gender female staff while toileting, showering, or changing clothing, all 30 random offender interviewees stated they are not.

All 12 random staff interviewees assert that female staff announce their presence when entering a housing unit wherein opposite gender offenders are housed.

Random staff interviewees (male) also validated the assertions of female staff interviewees. Furthermore, all 12 random staff interviewees assert offenders are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

Pursuant to the PAQ, the Warden self reports there is an HCCF policy prohibiting staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to the Warden, no such searches have been conducted during the audit period.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section J(12)(a) addresses 115.15(e).

All 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. The 12 interviewees were aware of the policy governing the same.

All four transgender offender interviewees state they have not been placed in a housing area designated for transgender or intersex offenders. Similarly, they have no reason to believe they were strip-searched solely for the purpose of determining genitalia.

Pursuant to the PAQ, the Warden self reports that 100 percent of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner, consistent with security needs.

The auditor's review of the CC Search Procedures Facilitator Guide/slides reveals substantial compliance with 115.15(f). Scripted scenarios are included in the same.

The auditor's review of Training Activity Enrollment/Attendance Roster dated March 5, 2021 (Pre-Service) reveals seven security staff participated in the Search Procedures class.

In addition to the above, the auditor's review of two Training/Activity Attendance Rosters dated March 10, 2020 and April 2, 2020 bearing 24 total correctional officer (CO) printed names/signatures/and titles reveals substantial compliance with 115.15(f). These staff participated in the Search Procedures class.

The auditor's on-site review of eleven of 14 random staff training files reveals compliance with 115.15(f) during either/or 2019, 2020, 2021, or 2022. Of note, one staff member was not yet due for this class presented during PREA Annual Refresher Training (ART) however, the class was presented during pre-service training. The auditor notes that PREA ART has not yet been completed for 2022.

All 12 random staff interviewees assert the facility provides training regarding cross-gender pat-down searches of female offenders and professional and respectful searches of transgender/intersex offenders and they completed the same. However,

	<p>three interviewees state that females would pat search/search the top half while males search the bottom half of a transgender female offender. As this practice conflicts with a Frequently Asked Question (FAQ) dated July 13, 2013, the auditor finds HCCF non-compliant with 115.15(f). Accordingly, the auditor imposes a 180-day corrective action period ending on April 24, 2023.</p> <p>To demonstrate compliance with and institutionalization of 115.15(e), the auditor recommends that the PCM closely monitor the requisite training, ensuring that the search technique is properly presented. Additionally, the PCM will provide specific training to all "Searches" trainers regarding the process. A copy of the lesson plan will be uploaded to OAS for the auditor's review, as well as, documentation validating that this training was provided to the aforementioned trainers.</p> <p>February 21,2023 and May 9, 2023 Updates:</p> <p>The PCM has provided the auditor with a copy of relevant portions of CC Policy 14-2 entitled Sexual Abuse Prevention and Response, as well as, the Search Procedures Facilitator Guide wherein the proper transgender search procedures are clearly articulated. On January 31, 2023 and May 4, 2023, 187 security staff were properly re-trained regarding such search procedures (no dual gender staff searches of transgender/intersex offenders). The same is validated by dated and printed/written staff signatures reflected on Training/Activity Attendance Rosters. The same have been uploaded to OAS.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.15.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled offenders 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.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section 7(a)(b) addresses 115.16(a).</p> <p>Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf offenders so they can converse with other individuals similarly situated. The PCM asserts that intake videos are available to deaf offenders with sub-titles. The auditor's review of the CC PREA trifold pamphlet</p>

reveals the same is presented in Spanish.

The auditor's review of a Language Line Services document reveals a procedure is in place to provide interpretative services for non-English speaking and deaf offenders.

According to the Agency Head interviewee, the agency has established procedures to provide offenders with disabilities and offenders 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. Specifically, LanguageLine is used, when necessary, to communicate with limited English proficient (LEP) offenders. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those offenders who are blind.

Corporate office staff provide assistance to facility staff that enables them to locate potential vendors and/or agencies that provide support services for offenders with disabilities. The agency maintains a comprehensive contract with LanguageLine and some facilities have an MOU with organizations in the local community to provide translation services, when needed.

The auditor's review of a document entitled Vocational Rehabilitation Regional Offices reflects addresses and/or telephone numbers for offenders who are blind or visually impaired, amongst other disabilities.

The auditor interviewed two offenders who presented with disabilities (one blind/hard of hearing and one physically disabled) who reported that the facility provides information about sexual abuse and sexual harassment they are able to understand.

Educational posters were noted to be posted in areas easily accessible to and observable by the offender population.

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide offenders with limited English proficiency 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section 8 addresses 115.16(b).

The auditor reviewed the contract between CC and LanguageLine Interpreter Services for provision of services to non-English speaking offenders. Services for 250-plus languages are provided pursuant to this service. Of note, the auditor tested the LanguageLine with the assistant cos. LanguageLine can be accessed from any facility telephone and is generally accessed by staff. The telephone call was placed to LanguageLine and the menu was activated. The auditor finds that the test was successful. The auditor notes that directions are disseminated to key staff players regarding the LanguageLine process.

The auditor was not provided the names of any LEP offenders for interviews nor did the auditor identify any LEP offenders during the facility tour and subsequent offender

	<p>interactions. Accordingly, the same were not conducted.</p> <p>Pursuant to the PAQ, the Warden self reports agency policy prohibits use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under 115.64, or investigation of the offender's allegations. The Warden further advises that the facility documents the limited circumstances in individual cases where offender interpreters, readers, or other types of offender assistants are used.</p> <p>Reportedly, there were zero instances, within the last 12 months, wherein offender interpreters, readers, or other types of offender assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.</p> <p>All 12 random staff interviewees assert, to the best of their knowledge, offender interpreters, offender readers, or other types of offender assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that ten of 12 interviewees identified further physical injury to the victim or loss of evidence as a legitimate reason(s) to invoke 115.16(c) procedures.</p> <p>Eleven of 12 interviewees state that agency policy prohibits use of offender interpreters, offender readers, or other types of offender assistants for translation of a sexual abuse, report, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under §115.64, or the investigation of the offender's allegations.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.16.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who may have contact with offenders who:</p> <p>Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;</p> <p>Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.</p>

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(1) addresses 115.17(a) in totality.

The auditor's review of 2022 Self Declarations of Sexual Abuse/Sexual Harassment forms (14-2H) for two employees and four contractors (all completed within the last 12 months) reveals compliance with this provision to the extent the three questions are specifically asked, and staff and the contractors affirmatively responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form.

The auditor's on-site random review of HR files for nine staff selected during the last 12 months reveals that criminal background record checks and the 14-2H questions were facilitated in a timely manner in seven cases. In two of three promotion cases, the 14-2H was likewise completed in a timely manner.

The auditor's on-site random review of two contractor Human Resources (HR) files reveals that the 14-2H form was completed in both cases however, the same was completed either prior to or on the date of hire in one case. Additionally, the criminal background record checks were located in both cases and the same scenario was prevalent. Accordingly, the auditor finds HCCF compliant with 115.17(a), (b), and (d).

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of 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 offenders.

The auditor's review of the aforementioned 14-2H forms as reflected in the narrative for 115.17(a) reveals substantial compliance with 115.17(b) to the extent the three questions and an additional question regarding substantiated allegations of sexual harassment, are specifically asked and staff, applicants and contractors respond, in writing, to the questions. Additionally, the same document was present in the files of the aforementioned nine random staff files selected for review.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(2) addresses 115.17(b) in totality.

The auditor notes that while there is a question regarding sexual harassment on the 14-2H form, there is no method for validation of the employee's response as reflected on the same. The HR interviewee asserts that the 115.17(a) and (b) questions are asked on the Verification of Employment form which is forwarded to the prior institutional employer.

The HR interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with offenders. HCCF staff forward the CC PREA Questionnaire for Prior Institutional Employers form to prior institutional employers for completion. The form includes a question regarding sexual harassment of detainees. Additionally, the IDS investigation includes a question regarding sexual harassment. The 14-2H [comprised of four questions- three 115.17(a) and one 115.17(b)] is

administered to the prospective employee as an applicant, at hiring, and subsequently on an annual basis. Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous employer inquiries.

Pursuant to the PAQ, the Warden self reports agency policy requires before new employees who may have contact with offenders are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made 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. The Warden further self reports during the last 12 months, 164 persons who may have contact with offenders have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(7 and 8) addresses 115.17(c) in totality.

According to the Acting HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees who may have contact with offenders. With respect to promotion applicants, a new criminal background record check is not completed for internal applicants as a vouchering process is utilized. As that employee has been under the continuous employ of CC, contact with the employee's current supervisor, review of any sexual abuse/harassment allegations and investigations, as well as employment record is deemed appropriate. The auditor concurs with this process.

Subsequent to the prospective employee's authorization to disclose information and his/her provision of requisite information, HR staff forwards the same to the contract background investigation company (First Advantage) and they complete the specific investigation. Additionally, basic information is forwarded to TDOC and they facilitate the criminal background record check, inclusive of NCIC. First Advantage also completes a criminal background record check.

Of note, TDOC grants hiring authorization for new employees, contractors, and annual reinvestigations for both.

Criminal background record check findings are addressed in the narrative for 115.17(a). Of note, none of the on-site 14 random staff files revealed an applicant's prior institutional employment record and accordingly, there was no basis for completion of the 03-20-2B Prior Institutional Employer form. As reflected in the narrative for 115.17(a), one such form was included in the PAQ documentation. All requisite information is provided in this form.

Pursuant to the PAQ, the Warden self reports agency policy requires a criminal background record check is completed before enlisting the services of any contractor who may have contact with offenders. The Warden further self reports criminal background record checks were conducted on 15 contractors who might have contact with offenders, during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(7) addresses 115.17(d) in totality.

The auditor notes that the narrative for 115.17(a) reflects a discussion regarding two random contractor files. As previously indicated, the auditor finds HCCF substantially compliant with 115.17(d).

Pursuant to the PAQ, the Warden self reports the contractual agreement with TDOC requires that criminal background record checks be conducted annually for current employees and contractors who may have contact with offenders.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(7) addresses 115.17(e) in totality.

According to the Acting HR interviewee, five-year re-investigations are facilitated as reflected in the narrative for 115.17(c). A five-year reinvestigation spread sheet is used to track investigations. The credentialing system provides alerts to ensure compliance due dates. The five-year reinvestigation is triggered by HRM.

The auditor's on-site random review of four applicable (hired during 2015 or prior) reveals all five-year re-investigations were completed. The same is validated by CDOC Birthday Reports received from CDOC staff while the auditor was on-site.

According to the HR interviewee, annual employee reinvestigations are facilitated in accordance with the employee's birth month. Annual reinvestigations for contractors are completed during July. A spread sheet is used to track investigations. The same is tracked monthly to ensure no gaps in terms of efficiency.

The auditor's on-site random review of five applicable (hired during 2019 or prior) reveals all annual reinvestigations were completed during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(5) addresses 115.17(f) in totality.

The auditor's on-site review of four six of random staff HR files (staff hired prior to October, 2021) reveals staff completed the annual 14-2H during the last 12 months. Accordingly, the auditor finds HCCF substantially compliant with 115.17(f).

Pursuant to the HR interviewee, as reflected in the above policy citation, the relevant questions are asked on the 14-2H. The aforementioned questions are also included in the employment and promotion applications. Additionally, the 14-2H is administered annually. The interviewee also states CC does not utilize written self evaluations.

The HR interviewee further relates the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed in staff PREA training, as well as, on the 14-2H. As previously mentioned, the 14-2H is signed and dated by the employee.

The auditor is familiar with the process utilized by CC and he finds the same to be commensurate with 115.17(f) expectations.

	<p>Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(6) addresses 115.17(g) in totality.</p> <p>The auditor notes there is a caveat on the 14-2H wherein corroboration of 115.17(g) is established. As previously noted, the employee signs and dates the document, signifying their understanding of the caveat.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(9) addresses 115.17(h) in totality.</p> <p>The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, HCCF provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. Internal Affairs provides such information.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section E(1) and (2) addresses 115.18(a) in totality.</p> <p>According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA and collaboration with the CCPC provides a global picture of PREA concerns and needs.</p> <p>Lines of sight are assessed to enhance inmate sexual and personal safety and camera surveillance needs to address blind spots. Privacy concerns in areas such as showers,</p>

	<p>restrooms and any areas where offenders may be in a state of undress are addressed with the field. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.</p> <p>During acquisitions, the staff making the site visits develop a preliminary assessment and the CCPC is involved in the review of physical plant issues. A Form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction.</p> <p>According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.</p> <p>Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Upon further questioning, the auditor learned that this statement was in error and accordingly, zero system installations or upgrades were completed during the last PREA audit.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section E(3)addresses 115.18(b) in totality.</p> <p>The Agency Head asserts that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration for optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross-gender viewing in areas like restrooms and shower areas. Technology is discussed with facility staff during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the CCPC.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.18.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting administrative sexual abuse investigations (including offender-on-offender sexual abuse or staff sexual misconduct). According to the Warden, the Tennessee Department of Corrections Office of Investigations and Compliance (TDOC OIC) investigator(s) facilitate(s) criminal investigations of sexual abuse at HCCF. When conducting administrative investigations, HCCF PREA investigators follow a uniform evidence protocol.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 21, section (O)(4)(a) addresses 115.21(a) in totality. TDOC 502.06.2 entitled PREA Allegations,</p>

Investigations, and Sexual Abuse Response Teams, pages 3 and 4, sections VI(C)(1-6), VI(D)(1), and VI(E)(1) also address 115.21(a).

Seven of 12 random staff interviewees assert they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence (first responder duties). They state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

Four of the 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and two state that TDOC OIC investigator(s) facilitate criminal sexual abuse investigations at HCCF.

Pursuant to the PAQ, the Warden self reports youth are not confined at the facility and accordingly, the requirement that the protocol be developmentally appropriate for youth, is not applicable to HCCF. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ'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.

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence by HCCF staff and the HCCF investigator reveals substantial compliance with 115.21(b). HCCF staff preserve the crime scene and victim/perpetrator pursuant to 115.64. TDOC OIC investigators utilize their protocol in terms of evidence collection in criminal matters.

Pursuant to the PAQ, the Warden self reports all offenders who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs or SAFEs are documented. In the last 12 months, five forensic medical examinations were conducted relative to HCCF offenders who alleged sexual assault.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 19, section 13 addresses 115.21(c) in totality. Additionally, TDOC Policy 502.06.2 entitled PREA Allegations, Investigations, and Sexual Abuse Response Teams, page 3, section VI(D)(1) also addresses 115.21(c).

The SANE interviewee states that she is one of three trained SANE nurses at Jackson-Madison County General Hospital (JMCGH). She has extensive SANE experience and has completed the 90-hour International Association of Forensic Nurses (IAFN) on-line course and subsequent clinical reviews. She is not a certified SANE as she has not completed the testing phase. She is also recognized by the Academy of Forensic Nurses (AFN) as the result of her membership, in-person training, and academic training. The interviewee also assumes on-call duties as a consultant to Emergency

Room (ER) nurses and the physician.

The other two SANE nurses are members of IAFN and they are recognized as SANES as the result of their in-person training, but are not certified. SANES work four 12-hour shifts per month.

If the three SANES are not available, forensic examinations are completed by ER nurses and the ER physician. While the ER nurses have minimal forensic examination experience, the interviewee provides guidance to them and "walks them through the process."

The interviewee states that infection prophylaxis is offered to victims in conjunction with the forensic examination process. Of course, the ER nurses work under the physician's license with respect to the conduct of the forensic examination.

Despite the lack of specific MOU(s) with area hospital(s), SAFE/SANE services are provided when requested by TDOC OIC. Offenders at this facility are transported to JMCGRH in Jackson TN at the direction of TDOC OIC.

Pursuant to the PAQ, the Warden self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified staff member.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, sections 14 and 15 addresses 115.21(d) and (e) in totality. Additionally, TDOC Policy 502.06.2, entitled PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART), page 3, section VI(D)(1) also addresses 115.21(d).

The PCM asserts that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. HCCF uses Wo/men's Resource and Rape Assistance Program (WRAP) as prescribed in 115.21(d) and (e). The auditor's review of the CC/WRAP MOU reveals substantial compliance with 115.21(d) and (e).

According to three offenders who reported a sexual abuse interviewees, they were not allowed to contact victim advocates subsequent to making an allegation of sexual abuse. One of these offenders who reported sexual abuse states that the ER physician contacted a victim advocate (va). One additional investigation focused exclusively on a sexual harassment allegation. The auditor's review of relevant materials related to the complaints lodged by one of the two remaining offenders reveals he was the aggressor in the matter. The last allegation could not be validated pursuant to investigation.

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization

	<p>staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, sections 14 and 15 addresses 115.21(d) and (e) in totality. Additionally, TDOC Policy 502.06.2, entitled PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART), page 3, section VI(D)(1) also addresses 115.21(d).</p> <p>The auditor's review of the MOU between CC and WRAP reveals substantial compliance with 115.21(e) and (h).</p> <p>Pursuant to follow-up interviews, the auditor has learned that contact has not been made with WRAP officials regarding victim advocate credential verification. In view of the above, the auditor strongly recommends that the PCM contact WRAP officials for a casual discussion regarding VAs and qualifications.</p> <p>Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21 (a through e) of the PREA standards.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section O(3) and (4) addresses 115.21(f) in totality.</p> <p>The auditor's review of the CC website reveals the aforementioned policy is posted on the same.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Pursuant to the PAQ, the Warden self reports the agency ensures that an

administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Warden further self reports all of the investigations were completed. Forty-six investigations were both opened and completed during the last 12 months and three of those were referred for criminal investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 22, section (N)(1) addresses 115.22(a and b) in totality. TDOC Index# 502.06.2 entitled PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART), pages 4 and 5, section E(1-5) also addresses 115.22(a and b).

The auditor's on-site review of 17 random sexual abuse/harassment investigations reveals all relevant investigations were both opened and completed.

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA specialty trained CC investigator and whenever the Inspector General (OIG) arm of the partner is tasked with facilitation of criminal investigations.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. All allegations are reported in the CC Incident Reporting Database. This system requires multiple levels of administrative oversight and review. Allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials (or by contracted partner investigative entity). CC staff work with outside law enforcement, upon request.

The administrative investigation is generally completed by the facility investigator. He/she employs essentially the same protocol however, he/she does interview witnesses and assesses victim, perpetrator, and witness credibility. Finally, the administrative investigative staff writes an investigative report.

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 23, section O(1) addresses 115.22(b) in totality.

The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority

	<p>to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to TDOC OIC for investigation. TDOC OIC is involved in the investigative process in each sexual abuse/harassment matter as they actually determine whether the investigation will be completed as an administrative or criminal investigation. Similarly, TDOC OIC determines whether a forensic examination will be completed.</p> <p>Of note, referrals for criminal investigations are documented in the CC Incident Reporting Database.</p> <p>The auditor's review of the aforementioned policies clearly articulate investigative responsibilities for both the TDOC OIC investigator, as well as, the HCCF investigator.</p> <p>TDOC Policy 502.06.2, entitled PREA Allegations, Investigations, and Sexual Abuse Response Teams (SART), page 7, section I(1-4) also addresses 115.22(c).</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.22.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with offenders regarding the ten topics listed in 115.31(a).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 4 and 5, section C(1 and 2)(a-j) addresses 115.31(a) in totality.</p> <p>The auditor's limited review of the CC PREA Overview Participant's and Facilitator's curriculum Guides reveals substantial compliance with 115.31(a). Slides reveal that all requisite training [as applied to 115.31(a)] is available at HCCF.</p> <p>The auditor's review of one staff and one contractor 2022 training records (Zero Tolerance Acknowledgment) reveals partial compliance with 115.31(a). Additionally, the auditor's review of one staff CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE AND INSERVICE form included with the PAQ, reflects receipt and understanding of training/compliance with 115.31(a) and (d). Finally, the auditor's review of one Training Activity/Attendance roster dated July 26 2022 reveals that seven staff completed Preservice PREA training. While attendees print and sign the document, signifying completion of the same, there is no language as to their understanding of the subject-matter presented.</p> <p>All 12 random staff interviewees assert they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees</p>

hired since the last PREA audit received such training during the Academy and prior to assumption of duties with offenders. Additionally, applicable random staff interviewees assert they received PREA ART regarding the aforementioned topics.

The auditor's review of three applicable random staff training files (staff hired between 2019 and 2022) reveals that timely pre-service PREA training was completed in two cases. Specifically, training was provided prior to the employee's contact with offenders.

With respect to the remaining eleven files, PREA annual refresher training (ART) was provided, minimally, during 2021 and 2022. The auditor notes that provision of PREA ART was inhibited in terms of timeliness in view of COVID-19 constraints. Training is due prior to the end of calendar year 2022 in some cases and accordingly, some staff have not yet completed 2022 training. Of note, the CC In-Service training calendar runs from January through December of each year.

Pursuant to the PAQ, the Warden self reports training is tailored to the male gender of the offenders assigned to the facility. The Warden further self reports employees, who are reassigned from facilities housing the opposite gender, are given additional training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 4, section C(1) addresses 115.31(b) in totality.

According to the HCCF PCM, zero staff have transferred to HCCF during the last 12 months from facilities wherein female offenders are exclusively housed.

Pursuant to the PAQ, the Warden self reports that 343 staff employed by the facility, who may have contact with offenders, were either trained or retrained in PREA requirements. This constitutes 100% of all staff employed at the facility who may have contact with offenders, who were either trained or retrained in PREA requirements.

Between trainings, staff are notified of all new and/or revisions to existing policies. The same are provided pursuant to distribution of PREA Compliance Bulletins at in-service training and staff recalls. According to the Warden, employees who may have contact with offenders receive refresher training on an annual basis.

In view of the above, the auditor finds that HCCF exceeds standard requirements with respect to 115.31(c) as PREA refresher training is provided on an annual basis, as opposed to, a bi-annual basis.

Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with offenders understand the training they have received through employee signature or electronic verification.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section C(3) addresses 115.31(d) in totality.

The auditor's review of Training Acknowledgment Forms located in randomly selected

	<p>employee training files, as well as, the examples noted above, confirm the "I understand" caveat is present on the forms and the employee signs and dates the same.</p> <p>In view of the above, the auditor finds that HCCF exceeds standard expectations with respect to 115.31.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports all contractors and volunteers who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 10 contractors and volunteers who have contact with offenders, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Contractors [full-time medical/mental health and food service contractors (Trinity)] receive the same training as all other facility employees.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section 8(a) addresses 115.32(a) in totality.</p> <p>The PCM asserts volunteer information is maintained in the Statewide Volunteer System. The Volunteer Coordinator is the only individual with access to this system. Accordingly, the auditor is relying on the following PAQ documentation related to two volunteers as follows:</p> <p>PREA Overview for Contractor and Volunteer dated May 1, 2022 (one volunteer); TDOC Volunteer Confidentiality and Policy Agreement dated December 12, 2019 (both volunteers); CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE AND INSERVICE dated May 1, 2022 (both volunteers); and Volunteer Agreement dated May 1, 2022 (both volunteers).</p> <p>The auditor notes that all of these documents include the "I understand" caveat, accompanied by the participant's signature and date.</p> <p>Two Religious Services volunteer interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response per agency policy and procedure. Both interviewees receive Volunteer</p>

PREA ART in an in-person format with either a Power Point presentation and discussion or handouts.

Zero tolerance regarding sexual abuse/harassment, sexual abuse/harassment reporting procedures, warning signs of sexual abuse/harassment, volunteer boundaries with offenders, and the impact of sexual abuse/harassment on the offender population are a few of the PREA topics discussed during this training. With respect to reporting, the same is accomplished immediately to the Chaplain and/or the shift commander.

Two Trinity Food Service contract employees state that they have been trained regarding their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response per agency policy and procedure. One contractor has been at HCCF for one and one-half years while the other contractor has been at HFCC for three years. Both interviewees completed both the CC PREA Pre-Service training, as well as, a Trinity PREA Pre-Service training prior to contact with offenders. Similarly, both interviewees complete PREA ART training in the same manner, as compared to Pre-Service PREA training.

The CC PREA training curriculum includes Power Point Presentations, lecture, and discussion regarding the following topics, but not limited to the same:

Zero tolerance in terms of sexual abuse/harassment of offenders;
How to report sexual abuse/harassment of offenders;
Warning signs of sexual abuse/harassment of offenders;
Impact(s) of sexual abuse/harassment on the offender population: and
Maintaining boundaries with offenders.

Pursuant to the PAQ, the Warden self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. The Warden further self reports all volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section 8(b) addresses 115.32(b) in totality.

Medical contractors and Trinity Food Service contractors participate in the same PREA ART as staff. Accordingly, the auditor finds substantial compliance with 115.32(b). Volunteer training is addressed in the narrative for 115.32(a).

Pursuant to the PAQ, the Warden self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(8)(d) addresses 115.32(c) in totality.

In view of the above, the auditor finds HCCF substantially compliant with 115.32.

115.33**Inmate education**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports offenders receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 1960 offenders were admitted to HCCF during the last 12 months, of which 100% were provided the requisite information at intake.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section H(2) addresses 115.33(a).

According to the intake staff interviewee, she provides offenders with information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment during intake on the day of arrival or the following day in some cases. Each new admission receives the HCCF Offender Handbook (English or Spanish), the Acknowledgment, the CC Prevent. Detect. Respond. pamphlet (English or Spanish), and the PREA video at intake. Additionally, reporting options and other PREA information are captured on posters displayed throughout the facility.

LanguageLine can be used for non-English speaking offenders. If a cognitively impaired offender is received, he is referred to the medical/mental health department for assistance with translation. For hearing impaired/deaf offenders, they are asked to read the materials and the PREA video is presented in closed caption format.

Additionally, LanguageLine sign language can be activated. For offenders who present with blindness or low vision, the interviewee or another staff member reads materials to them. The PREA video is always played aloud.

Twenty-seven of 30 random offender interviewees report they received at least one or more of the HCCF Offender Handbook, the aforementioned CC tri-fold and/or the TDOC PREA pamphlets, and the PREA video at intake or the following day.

The auditor's review of 10 of 13 random offender files reveals substantial compliance with 115.33(a). Timely and comprehensive provision of relevant PREA information is clearly established pursuant to this random review of files and supporting documentation. Relevant information and materials were provided on the date of arrival or the next day.

The auditor's review of the 14-2AA and TDOC PREA pamphlets reveals substantial compliance with 115.33(a). The same addresses the zero tolerance policy, as well as, methods to report incidents or suspicions of sexual abuse or sexual harassment and both pamphlets are printed in both English and Spanish.

Pursuant to the PAQ, the Warden self reports 1960 offenders were admitted to HCCF during the last 12 months whose length of stay was 30 days or more. According to the Warden, none of these offenders received comprehensive PREA education within 30 days of intake.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(3) addresses 115.33(b).

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the offender's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents is generally provided in the intake materials.

Five of 30 random offender interviewees stated they did participate in a PREA Orientation program wherein all components of 115.33(b) were addressed. The five interviewees report the same occurred within one week of arrival at HCCF.

The auditor's review of one PAQ TDOC Orientation Acknowledgment form dated August 19, 2022 reveals some compliance with 115.33(a). The same document reflects that the comprehensive education was completed at intake by the correctional counselor. While there is evidence that the comprehensive education was completed, there is no separation between the initial and comprehensive education.

The auditor's review of eleven of the applicable random offender files (offenders arriving at HCCF since 2019) reveals eight documents reflect provision of comprehensive PREA education was not provided. In two other cases, documentation is absent regarding provision of comprehensive PREA education. In one case, there are apparent documentation errors in view of dates. This finding is commensurate with the random offender interviews. Accordingly, the auditor finds HCCF non-compliant with 115.33(b) and a 180-day corrective action period is imposed as follows. The corrective action due date is April 24, 2023.

To demonstrate compliance with and institutionalization of 115.33(b), the PCM will develop a plan to implement comprehensive offender PREA education within 30 days of arrival at the facility. It appears that an offender institutional admission and orientation program is currently provided to offenders within the first 30 days of arrival at the facility, however, the same is not properly documented in accordance with CC practice.

It is also apparent that TDOC requires the use of the TDOC Orientation Acknowledgment form to commemorate the offender's completion of the PREA comprehensive education. Accordingly, the PCM will provide training to all comprehensive PREA training instructor stakeholders regarding comprehensive PREA training expectations and requirements, inclusive of subject-matter, and proper completion of the aforementioned form. The PCM will upload the training syllabus, as well as, completed training rosters or training forms substantiating recipient completion of the training.

Once completed, the PCM will upload an offender roster encompassing those offenders with an HCCF admission date between the date of this interim report and the corrective action due date (April 23, 2023). The auditor will randomly select a

sample of offender files which the PCM will upload supporting documentation to validate compliance with 115.33(b). The auditor will subsequently render a finding regarding compliance.

April 9, 2023 Update:

The auditor's review of 27 random TDOC Orientation Acknowledgment Forms completed during February, 2023 reveals substantial compliance in 20 cases. Specifically, comprehensive education was completed within one to fourteen days of intake at the facility and the same is clearly documented on the aforementioned form.

The auditor's review of a Training/Activity Attendance Roster dated April 6, 2023 reveals 12 case managers were trained regarding proper documentation of initial and comprehensive PREA training (inmates) on the TDOC Orientation Acknowledgment Form. As previously mentioned, this document reflects the printed name/signature and date of the staff who completed the training.

In view of the above, the auditor finds HCCF substantially compliant with 115.33(b),(c),(e), and (f).

Pursuant to the PAQ, the Warden self reports that all offenders received within the last 12 months have been educated within 30 days of intake.

The Warden further self reports agency policy requires that offenders who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(6) addresses 115.33(c).

As reflected in the narrative for 115.33(b), the auditor finds HCCF likewise non-compliant with 115.33(c). Corrective action articulated in the narrative for 115.33(b) is also applicable to 115.33(c).

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all offenders, including those specific groups listed in the narrative for 115.16(a).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section H(2) addresses 115.33(d).

The LanguageLine and other methods of training provision to groups of offenders described in 115.33(d) are delineated in the narrative for 115.16.

The auditor notes that if specialized translation services or assistance are required to

	<p>convey information to offender(s), such services (telephone numbers and addresses) are delineated in a PAQ memorandum.</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA sessions.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(4) addresses 115.33(e).</p> <p>The requisite corrective action in response to 115.33(e) findings is addressed above in the narrative for 115.33(b).</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, offender handbooks, or other written formats.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(5) addresses 115.33(f).</p> <p>The auditor's review of two PAQ PREA posters on unit walls reflects information regarding zero tolerance towards sexual abuse, sexual harassment, reporting procedures, etc. The auditor's review of the aforementioned materials identified throughout the narrative for 115.33 reveals substantial compliance with 115.33(f). Additionally, the PREA Hotline number [outside reporting source- 115.51(b) and the victim advocate (VA) (WRAP) (115.53(a) telephone numbers are painted on unit walls and pipe chase covers however, as mentioned in the narrative for 115.51, information regarding WPD as a reporting source for written allegations, is absent.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.33.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 4, section VI(E) addresses 115.34(a).</p> <p>The administrative investigative staff interviewee states she has completed training specific to investigating sexual abuse in confinement settings. Specifically, she has completed the web based National Institute of Corrections (NIC) training course</p>

entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting. This was a three-hour on-line course, inclusive of scenarios and the topics listed in the narrative for 115.34(b). Additionally, a testing component was included in the training modules. Of note, the criminal investigative interviewee likewise states she completed the aforementioned NIC course, as well as, state approved sexual abuse investigative training congruent with her position.

The auditor's review of the HCCF PREA investigator's training records reveals she completed the above on August 3, 2020. A CC certificate is included in her training file. Of note, a unit manager is also certified to facilitate such investigations and her certificate (RELIAS course entitled PREA: Investigative Protocols) was issued on August 7, 2018. The auditor's review of the lesson plan from the PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The criminal investigative interviewee states that the training she completed parallels that of the HCCF PREA investigator in terms of the four topics listed above. Additionally, her prior work history includes criminal investigation of sexual assault with a county sheriff's office.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 4 and 5, section C(5)(a) addresses 115.34(b).

The investigative staff interviewee asserts that specialized training included:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training.

The Warden further self reports HCCF currently employs one administrative PREA investigator and she completed the requisite training. Additionally, a second administrative investigator has completed requisite training, as validated by her certificate and training record.

In view of the above, the auditor finds HCCF substantially compliant with 115.34.

115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, 40 of 45 medical and mental health care practitioners who work regularly at the facility, have received the requisite training.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section C(6) addresses 115.35(a).</p> <p>The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.</p> <p>According to the medical/mental health interviewees, both completed specialized training regarding sexual abuse and sexual harassment. This NIC course consisted of a three-hour on-line program. The training did cover the following topics:</p> <ul style="list-style-type: none"> How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>During the on-site audit, the auditor requested that the learning and development manager upload additional evidence that eligible medical and mental health staff completed the aforementioned specialty training. The learning and development manager advised that not all required staff had completed specialty training. Accordingly, the auditor finds HCCF non-compliant with 115.35(a) and a 180-day corrective action period is imposed. The due date for the corrective action period is April 24, 2023.</p> <p>To demonstrate compliance with 115.35(a), all required staff, who have not completed the requisite training, will complete the same. The PCM will upload evidence substantiating their completion of the course. Subsequent to the auditor's review, he will assess standard provision compliance.</p> <p>May 8, 2023 Update:</p> <p>The auditor's review of an uploaded roster of medical/mental health providers at HCCF reveals 27 of 28 staff have completed the requisite specialty training. Training for one of these staff is currently "in progress."</p>

In view of the above, the auditor now finds that HCCF is substantially compliant with 115.235(a).

The auditor's review of six medical/mental health contractors' training records reveals they completed requisite specialty PREA medical/mental health training. Additionally, they completed requisite PREA training for contractors [115.35(d)].

The auditor's review of one random contract Medical staff file reveals she did not complete the requisite training.

While there are no apparent time frames for completion of this specialty training, the auditor strongly recommends that additional attention be devoted to contract PRN completion of requisite training. Of note, the one contract PRN who has not yet completed requisite specialty training is a relatively new re-hire. Nonetheless, it is prudent to ensure training is completed in close proximity to commencement of contact with offenders.

This is also applicable to full-time medical/mental health staff as 2020 and 2021 On-line Training Status Reports reflect 17 staff were registered for specialty training and five completed the training during 2020. Twelve staff were registered for specialty training during 2021 and three staff had completed the training as of the date of the on-site audit.

Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated at HCCF. Accordingly, the auditor finds 115.35(b) not-applicable to HCCF.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section C(7) addresses 115.35(c).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section C(6) addresses 115.35(d).

The auditor's review of two of five random medical/mental health staff training files reveals compliance with 115.35(d) to the extent that the staff member completed PREA ART during 2022. Accordingly, the auditor finds that HCCF is non-compliant with 115.35(d) and he imposes a 180-day corrective action period ending on March 24, 2023.

To demonstrate compliance with and institutionalization of 115.35(d), the PCM will upload a medical/mental health staff roster, inclusive of contractors and/or volunteers. The auditor will randomly select names from the roster and the PCM will upload evidence of 2022 PREA Orientation or PREA ART training completion for the respective individuals.

	<p>May 9, 2023 Update:</p> <p>The auditor's review of Training/Activity Attendance Rosters dated February and April, 2023 reveal that 17 medical staff completed PREA ART. Another Training/Activity Attendance Roster dated April 24, 2023 reveals that eight medical practitioners completed PREA Orientation (pre-service) training.</p> <p>In view of the above, the auditor now finds HCCF substantially compliant with 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section G(1) addresses 115.41(a). TDOC Policy 502.06.1 entitled PREA Screening, Classification, and Monitoring, page 1, section VI also addresses 115.41(a).</p> <p>Pursuant to the staff who performs initial screening for risk of victimization and abusiveness interviewee, she does screen offenders upon admission to HCCF for risk of sexual abuse victimization or sexual abusiveness (PREA screening) towards other offenders.</p> <p>Five of seven applicable random offender interviewees who arrived at HCCF during the last 12 months, assert they did receive an initial PREA assessment screening at intake. During the facility tour, the auditor did randomly question three offenders as to whether they were asked the above questions during intake and all responded affirmatively.</p> <p>Pursuant to the PAQ, the Warden self reports policy requires offenders to be screened for risk of sexual victimization or risk of abusing other offenders within 72 hours of their intake. In the last 12 months, the Warden self reports 1545 offenders entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other offenders, within 72 hours of entry into the facility. Seventy-seven offenders departed the facility prior to 72 hours. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section G(2) addresses 115.41(b). TDOC Policy 502.06.1 entitled PREA Screening, Classification,</p>

and Monitoring, page 3, section VI(D)(1) also addresses 115.41(b).

Pursuant to review of four PAQ initial PREA assessments and reassessments, all initial reassessments were conducted within 72 hours of intake. Two of the four accompanying 30-day reassessments were facilitated within 30 days of intake.

The auditor's on-site random review of 11 of 12 initial sexual victimization/aggressor assessments reveals the same were conducted within 24 hours of arrival at HCCF.

The auditor's further review of 11 of 12 randomly selected offender files (accompanying files for the aforementioned offenders received at HCCF between 2019 and the on-site audit dates) reveals reassessments were completed within 30 days of arrival.

Pursuant to the staff who performs screening for risk of sexual victimization and abusiveness interviewee, she screens offenders for risk of sexual victimization or risk of sexually abusing others within 24 hours of intake. Prior to conduct of the initial assessment, she reviews relevant historical PREA information keyed into TOMIS by TDOC staff, the pre-sentence report, and county jail reviews to identify any "hot button" sexual abuse/harassment issues.

In view of the above, the auditor finds HCCF to be compliant with 115.41(b).

Pursuant to the PAQ, the Warden self reports the risk assessment is conducted using an objective screening instrument.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section G(3) addresses 115.41(c). TDOC Policy 502.06.1 entitled PREA Screening, Classification, and Monitoring, pages 4 and 5, sections VI(E) and (f) also address 115.41(b) and (e).

The auditor's review of the PAQ TDOC PREA Screening Application in TOMIS reveals the same does not reflect the questions articulated in 115.41(d) and (e) and the weighting values for those questions. The auditor did not observe an initial assessment however, he did discuss the screening process in detail with the staff responsible for risk screening interviewee. The interviewee did validate that the requisite questions were asked and the application actually scores the offender as articulated in the aforementioned TDOC policy. Pursuant to contract, CC is required to utilize this TDOC screening tool.

The auditor's review of the aforementioned TDOC policy reveals the intake screening considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

Whether the offender has a mental, physical, or developmental disability;

The age of the offender;

The physical build of the offender;

Whether the offender has previously been incarcerated;

Whether the offender's criminal history is exclusively nonviolent;

Whether the offender has prior convictions for sex offenses against an adult or child;

Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether the offender has previously experienced sexual victimization;
The offender's own perception of vulnerability; and
Whether the offender is detained solely for civil immigration purposes.

Of note, as reflected on the aforementioned form, pursuant to policy and the aforementioned interview with the staff responsible for risk screening, the offender's file and other source documentation are reviewed to validate the screening tool findings and offender interview.

The staff member who performs initial screening for risk of victimization and abusiveness interviewee states she reads the screening questions to each offender. The interview may be conducted in a discreet setting in intake wherein no other offenders are in close proximity or hearing distance however, the majority of interviews are conducted in her office behind closed doors with no other staff or offender(s) in the office. In other words, all initial assessments are conducted one-on-one.

Screening questions, minimally, encompass:

Physical and mental health status;

Sexual abuse history;

Prior convictions;

Confinement disciplinary history;

Rape of a child;

Build;

Age; and

Offender's own perception of vulnerability.

As previously indicated, the statement of the staff responsible for risk screening interviewee and TDOC policy reveals that 115.41(e) questions are contained within the TDOC PREA Screening Application in TOMIS. The TDOC PREA Screening Application reveals the intake screening and reassessment minimally considers:

Prior acts of sexual abuse;

Prior convictions for violent offenses; and

History of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. Prior convictions and administrative disciplinary actions are considered.

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess

each offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offender's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports offenders who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or for being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since intake. Reportedly, this equates to 100% reassessment of all intakes during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(13) addresses 115.41(f). TDOC Policy 502.06.1 entitled PREA Screening, Classification, and Monitoring, page 3, section VI(D)(2) also addresses 115.41(f).

The staff responsible for risk screening interviewee states within 30 days of arrival at HCCF, the case manager facilitates a reassessment. Due dates are tracked by the PREA Intake Spreadsheet entered after completion of the initial classification. The spread sheet is checked daily to ensure that timely reassessments are completed. Following completion of the initial assessment, the interviewee sets spread sheet parameters for 20-25 days from the offender's arrival at HCCF.

None of the six applicable random offender interviewees, who arrived at HCCF during the last 12 months, state they were asked screening questions again since their date of arrival at HCCF. The reassessment was not due in an additional case given the proximity of his arrival to the on-site audit dates and one additional offender stated he did not know if the reassessment was completed again. Twenty-two random offender interviewees arrived at HCCF prior to the last 12 months.

The auditor's review of four of the six offender files pertaining to random offenders who stated they were not reassessed reveals that reassessments were completed in a timely manner.

The auditor's on-site random review of 10 of 12 random offender files (those who arrived at HCCF between 2019 and the dates of the on-site audit) reveals all reassessments were completed in a thorough and timely manner in accordance with 115.41(f). One additional file pertained to a random offender who was admitted to HCCF during 2005.

Pursuant to the PAQ, the Warden self reports the policy requires that an offender's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(16) addresses 115.41(g). TDOC Policy 502.06.1 entitled PREA Screening, Classification, and Monitoring, pages 3 and 4, sections VI(D)(3)(a-f) also addresses 115.41(g).

Pursuant to a memorandum dated August 26, 2022, the PCM asserts zero 115.41(g) reassessments were completed during the last 12 months.

The staff who performs reassessment screening for risk of victimization and abusiveness interviewee asserts case managers reassess offender risk levels, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. The PCM may alert the case manager(s) to the need for such reassessment.

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining offenders for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the offender has a mental, physical, or developmental disability;

Whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether or not the offender has previously experienced sexual victimization; and

The offender's own perception of vulnerability.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 8, section G(7) addresses 115.41(h). TDOC Policy 502.06.1 entitled PREA Screening, Classification, and Monitoring, page 2, section VI(A)(4)(a-d) also addresses 115.41(h).

The staff who performs screening for risk of victimization and abusiveness interviewee states offenders are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(12)(a-d) addresses 115.41(i).

According to the CCPC, HCCF PCM, and the staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an offender's risk assessment within the facility in order to protect sensitive information from exploitation. According to the HCCF PCM, such information consumption is generally limited to unit team staff, medical, and mental health staff. The CCPC asserts that access is limited to case managers and treatment staff.

Assessments and reassessments generated in TOMIS are password protected. The staff responsible for risk screening interviewee states access to assessments/reassessments is limited to the case manager, unit manager, PCM, assistant wardens, and the Warden.

Of note, the auditor did validate the password protected TOMIS system.

In view of the above, the auditor finds HCCF compliant with 115.41.

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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12 section (I)(1) addresses 115.42(a). TDOC Policy 502.06.1 entitled PREA Screening, Classification, and Monitoring, page 1, section VI also addresses 115.42(a).</p> <p>The PCM and the staff responsible for risk screening interviewee assert that the TDOC Screening Application in the TOMIS system automatically makes PREA assignments as At Risk Victim, Victim, At Risk for Abusiveness, and Aggressor. System alerts preclude housing victims with aggressors.</p> <p>The auditor notes that a grid or housing list is not used in terms of housing as the system will not allow unsafe housing as defined by policy and standard.</p> <p>Pursuant to the auditor's observations during the facility tour, programs and work assignments are supervised by staff. Accordingly, the auditor finds HCCF substantially compliant with 115.42(a).</p> <p>Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each offender.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12 section (I)(4) addresses 115.42(b). TDOC Policy 502.06.1 entitled PREA Screening, Classification, and Monitoring, page 3, section VI(C)(5) also addresses 115.42(b).</p> <p>Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex offenders in the facility on a case-by-case basis.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12 section (I)(7)(b) addresses 115.42(c). TDOC Policy 502.06.1 entitled PREA Screening, Classification, and Monitoring, page 3, section VI(C)(5) also addresses 115.42(c).</p> <p>The PCM asserts housing assignments for transgender/intersex offenders are determined pursuant to her review of the screening results. She uses the formula articulated in the narrative for 115.42(a). Transgender/intersex offenders are placed</p>

intermittently throughout the facility, dependent upon security and safety concerns. Transgender/intersex offenders are not placed in specific pods or areas. All programming areas are supervised by staff.

The agency considers whether the placement will ensure the offender's health and safety. Additionally, the agency considers whether the placement would present management or security problems.

Four of the five transgender offender interviewees state that staff ask them questions about their safety. All interviewees state they have not been placed in a housing area only for transgender/intersex offenders and they do not feel they have been strip-searched for the sole purpose of determining genital status.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12 section (I)(7)(d) addresses 115.42(d). TDOC Policy 113.37 entitled Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Conditions, page 5, section VI(E)(3) also addresses 115.42(d).

The PCM asserts placement and programming assignments for each transgender/intersex offender are reassessed a minimum of two times per year for any threats to safety experienced by the offender.

The staff responsible for risk screening reassessments asserts a transgender/intersex offender is reassessed at least twice each year to review any threats to safety experienced by the detainee.

The auditor's random review of two re-classifications (reviews of programming, safety, and conduct) for each of the five interviewed transgender/intersex offenders reveals substantial compliance with 115.42(d). The auditor does recommend that a notation be made in the future regarding PREA safety issues.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section (I)(7)(c) addresses 115.42(e). TDOC Policy 113.37 entitled Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Conditions, page 7, section VI(G)(1) also addresses 115.42(e).

The PCM asserts transgender/intersex offender's own views with respect to his/her safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening interviewee validates the above statement of the PCM.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(12)(g) addresses 115.42(f). TDOC Policy 113.37 entitled Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Conditions, page 6, section VI(F)(5) also addresses 115.42(f).

The auditor's review of one transgender separate shower memo (pertains to four offenders) reveals prescribed shower times for four of five transgender/intersex offenders.

	<p>The PCM and staff responsible for initial risk screening assert transgender/intersex offenders are given the opportunity to shower separately from other offenders. Such requests are handled by the PCM following a meeting with the transgender/intersex offender. Such showers are generally facilitated in a separate departmental shower during specific time(s).</p> <p>All five transgender interviewees state they are allowed to shower separate from other offenders.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section (I)(7)(e) addresses 115.42(g).</p> <p>According to the CCPC, facility staff in all CC facilities are keenly aware that designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex offenders unless the agency or facility is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. Housing assignments are made at the local level, utilizing the risk assessment screening tool. Such assignments are subject to review during internal audits, mock PREA audits, and partner agency audits. Of note, transgender/intersex offenders are reviewed individually with consideration made for their own safety concerns.</p> <p>The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex offenders. The five transgender, one gay, and one bisexual offender interviewees state they have not been placed in a housing area dedicated for LGBTI offenders.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.42.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of offenders 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 there is no available alternative means of separation from likely abusers. The Warden further self reports zero offenders at risk of sexual victimization were held in involuntary segregated housing within the last 12 months</p>

for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section (I)(8)(a) addresses 115.43(a).

The Warden asserts agency policy prohibits placing offenders at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an offender can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an offender requests protective custody, he may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section (I)(8)(b) addresses 115.43(b).

According to the PCM, zero offenders have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

The staff who supervises offenders in segregated housing interviewee states that when offenders are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they still have access to the following:

Programs;
Privileges;
Education; and
Work opportunities.

Of note, the interviewee states that offenders, in general, housed in RHU can request educational materials, books, religious services materials, and library books. Legal materials can be brought to the RHU. Recreation, telephone privileges, visitation, and commissary are privileges afforded to RHU offenders. Zero work opportunities are available for RHU offenders.

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented. The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the door sheet and in the unit log. Of note, during the facility tour, the auditor observed the door sheet process and information provided on the same, as well as, the unit log. Staff providing the tour demonstrated a mock of the above process.

Pursuant to the PAQ, the Warden self reports in the last 12 months, zero offenders at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section (I)(8)(c and d) addresses 115.43(c).

The Warden asserts offenders at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. In actuality, during his tenure at the facility, zero confinements, as described above, have occurred. If the same were to occur, the longest placement under such circumstances would be seven days.

The staff member who supervises offenders in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. She further states that there is no involuntary housing of sexual abuse victims in the RHU.

As previously indicated in the narrative for 115.43(a), the Warden self reports zero offenders at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.

Pursuant to random review of sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section (l)(8)(e) addresses 115.43(d).

The auditor finds that the 115.43(d) process is in place should the need arise.

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section (l)(8)(f) addresses 115.43(e).

The staff member who supervises offenders in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days.

In view of the above, the auditor finds HCCF substantially compliant with 115.43.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for offenders to report privately to agency officials about:

Sexual abuse or sexual harassment;

Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and

Staff neglect or violation of responsibilities that may have contributed to such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section K(1)(a and b)(i-vii) addresses 115.51(a) in totality.

The auditor's review of an HCCF poster reveals the listing of an outside telephone number for reporting. This same telephone number is listed on page 26 of the HCCF Offender Handbook for General Population Offenders however, zero information is provided regarding a correspondence report to the Whiteville Police Department (WPD). Finally, this same telephone number (labeled the PREA Hotline) is painted on the pipe chases in each unit and pod.

Pursuant to follow-up questioning of HCCF staff, the auditor learned that the PREA Hotline is not identified as a 115.51(b) reporting source, nor is it intended to be such a source. Rather, the correspondence report to WPD is considered the 115.51(b) reporting source.

The auditor notes that this Hotline number was tested in Unit JA by the PCM and the auditor. The auditor heard the dial tone and voice mail message. Subsequently, within approximately one hour, the auditor reviewed the text message on an administrative staff member's telephone regarding the test. The auditor notes that the aforementioned PREA Hotline was extremely efficient when tested.

The auditor did tour the Mail Room and interviewed the supervisor. Outgoing mail to WPD for purposes of reporting a sexual abuse/harassment incident is not treated as Special Mail or Legal Mail. However, outgoing mail, in general, is not opened and read unless required by the Warden.

In view of the above, the auditor finds HCCF non-compliant with 115.51(b). Policy clearly reflects that offenders can use WPD to communicate sexual abuse/harassment incidents however, the auditor finds no evidence of offender education regarding the same. Specifically, the address for writing WPD is not listed in the Handbook, on poster(s), or any other medium. Accordingly, the auditor finds HCCF non-compliant with 115.51(b) and imposes a 180-day corrective action period ending on April 24, 2023.

To demonstrate compliance with and institutionalization of 115.51(b) requirements, the PCM will add provisions to the aforementioned Handbook and/or posters regarding the WPD address and/or telephone number. The amended documents will clearly reflect that offenders may write and/or call WPD to report a sexual abuse/harassment incident. Additionally, a copy of any amended lesson plan utilized to

address PREA issues during follow-up education sessions will be uploaded for the auditor's review. The auditor highly recommends that HCCF enter into an MOU with WPD regarding written reports and a time frame for turnaround reports to designated facility staff.

Subsequent to the above, the PCM will provide the auditor with a roster reflecting the names of offenders admitted subsequent to the date of this interim report until March 24, 2023. The auditor will randomly select 10-15 names and the PCM will upload documentation validating those offenders received PREA training. The auditor will subsequently make a decision regarding compliance.

February 21, 2023 Update:

The auditor's review of photographs of a new poster regarding 115.51(b) reporting to WPD reveals substantial compliance with 115.51(b). The poster is displayed strategically throughout the facility to alert offenders to this reporting source. The auditor is satisfied as to this portion of the articulated corrective action.

In addition to the above, the auditor's review of a poster reflecting the mechanics of placing a telephone call to the aforementioned PREA Hotline reveals exceptional guidance to inmates regarding the reporting option. A new telephone number and access process is clearly articulated therein.

May 10, 2023 Update:

The auditor's review of an updated version of the Inmate Handbook reveals the current reporting information regarding WPD reporting. The same is clearly reflective of the outside sexual abuse/harassment reporting status of the WPD, as identified by address.

A description of corrective action validation regarding new offenders receipt of intake and orientation materials is addressed in the narrative for 115.33.

All 12 random staff interviewees advise of at least one method of reporting as defined in 115.51(a). Responses included the following:

Report in-person to staff, inclusive of medical staff;
Existing PREA Hotline;
Submit a note to the Warden/other staff; and
Third-party report.

Twenty-eight of 30 random offender interviewees were able to cite at least one method of reporting. Of note, random offender interviewees overwhelmingly cited the PREA Hotline number and verbal reports to staff.

Responses regarding reporting methods, as articulated by random offender interviewees, were as follows:

Verbal report to staff;
Report via existing PREA Hotline;
Submit via kite; and
Third party report.

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency.

The Warden further self reports the agency does have a policy requiring offenders detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. However, zero ICE offenders, housed solely for civil immigration purposes, are confined at HCCF.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section K(1)(c and d) addresses 115.51(b) in totality. Pursuant to controlling policy, contact can be placed with Whiteville Police Department (WPD).

Sixteen of 30 random offender interviewees assert they are allowed to make a report without giving their name.

According to the HCCF PCM, two pamphlets are provided to each offender at intake wherein reporting options are provided. The PREA Hotline telephone number is listed in both the aforementioned Handbook and the TDOC pamphlet. Subsequent to receipt of the telephonic report, ICS staff text the Warden, PCM, assistant warden, investigator, and on-duty ado regarding the report.

The auditor notes that when facilitating the test call, the PCM advised that the telephone call was free of charge to the caller. The auditor observed that caller identification information was not required and therefore, the call was anonymous unless the offender provided identifying information.

The auditor notes that English and Spanish versions of the PREA Hotline telephone number are painted on the unit pipe chase covers.

Pursuant to the PAQ, the Warden self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to immediately document verbal reports of sexual abuse/harassment received from offenders.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section K(2)(b) addresses 115.51(c) in totality.

All 12 random staff interviewees state when an offender alleges sexual abuse or sexual harassment, he can do so verbally, in writing, anonymously, and from third parties. All 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

	<p>Twenty-eight of 30 random offender interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Twenty of 30 random offender interviewees further report someone else can make the report for the victim so he does not need to be named.</p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. Staff are informed of these procedures by virtue of the Ethics Line poster that is posted in places of staff gathering.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section K(2)(h) addresses 115.51(d) in totality.</p> <p>All 12 random staff interviewees assert staff can privately report sexual abuse and sexual harassment by any of the following methods:</p> <p>Submission of a written report to the Warden/PCM/Administrative Duty Officer/ supervisory staff/Human Resources; Closed door verbal report to the same staff; Call Ethics Hotline; Email; and Contact supervisor via telephone.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.51.</p>
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115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency does not have an administrative procedure for dealing with offender grievances regarding sexual abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section K(1)(e)(i and ii) addresses 115.52 in totality. All sexual abuse/harassment issues submitted as a grievance are immediately forwarded to the facility investigator or ado for investigation.</p> <p>The PCM self reports that although a grievance box is located in each unit, all PREA-related grievances are removed from the Grievance process and forwarded to the facility investigator.</p> <p>The auditor finds no deviation from policy or standard and accordingly, he finds HCCF substantially compliant with 115.52.</p>

115.53	Inmate access to outside confidential support services
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1437 456">Pursuant to the PAQ, the Warden self reports the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <p data-bbox="256 499 1481 779">Giving offenders mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape organizations; Giving offenders mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and Enabling reasonable communication between offenders and these organizations in as confidential a manner as possible.</p> <p data-bbox="256 822 1445 1016">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section F(3, 4, and 6) addresses 115.53(a) in totality. Pursuant to controlling policy, 115.53(a) services are available through Women's Resource and Rape Assistance Program (WRAP). Page 26 of the HCCF Offender Handbook for General Population Offenders reflects the telephone number and address for WRAP.</p> <p data-bbox="256 1059 1445 1254">Pursuant to the auditor's observations during the facility tour, the WRAP telephone number is painted on the unit and pod pipe chases. The telephone number is commensurate with that reflected in the MOU between CC and WRAP. Additionally, the CC Prevent. Detect. Respond pamphlet directs offenders to the above resources for contact information.</p> <p data-bbox="256 1296 1342 1370">It is noted offenders are not housed at HCCF exclusively for civil immigration purposes.</p> <p data-bbox="256 1413 1469 1733">Twenty-three of the 30 random offender interviewees are aware that services are available outside of the facility for dealing with sexual abuse, if needed. Eight interviewees report the name of such a resource is painted on unit and pod walls and in the HCCF Offender Handbook and/or two interviewees state that services include counseling and vas. Sixteen interviewees report such calls are free. Twenty-two interviewees report they can make contact with staff from such agencies during scheduled telephone times and if they request access to the telephones for the expressed purpose of making such contact.</p> <p data-bbox="256 1776 1477 2060">One of the three offenders who reported a sexual abuse at HCCF interviewees states the facility provides mailing addresses and telephone numbers for outside services as the same are painted on the unit and pod pipe chases. One interviewee stated that the emergency room physician contacted WRAP when he was transported for a forensic examination. It is noted that none of the interviewees could identify the name of the service or the function of its staff and that the telephone call is free of charge. Similarly, all of these offenders were unaware as to when contact can be</p>

made with staff from such services.

Contact with the WRAP Sexual Assault Response Program Director reveals that nine offender victims have reached out (telephonically) to WRAP Victim Advocates (VAs) since July 1, 2022. By virtue of the MOU with HCCF and the information previously described, offender victims can call them regarding provision of advocacy services. WRAP VAs can visit victims pursuant to coordination with the PCM. With respect to presence during forensic interviews and/or investigatory interviews, VA services can be provided pursuant to request from TDOC staff or physicians at the hospital.

Of note, the auditor tested the WRAP Hotline at 1-800-273-8712 and determined that the same is operational. He was advised that a PREA sexual abuse call would be received at the above number and the responding VA would then refer the call to a specialized PREA group. The matter would subsequently be handled by VAs within that group.

Given the documents provided to offenders at intake, during the education process, and the information painted on the pod and unit walls, all offenders have sufficient access to relevant information.

Pursuant to the PAQ, the Warden self reports the facility informs offenders, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The Warden further self reports the facility informs offenders, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7 and 8, section F(5)(a and b) addresses 115.53(b) in totality. Pursuant to controlling policy, 115.53(a) services are available through WRAP.

The auditor's review of the CC tri-fold brochure entitled Prevent. Detect. Respond., section entitled Confidentiality, addresses 115.53(b). Each offender receives a copy of the same at intake.

Twenty-two of the 30 random offender interviewees assert they believe the dialogue with people from these services remains private. None of the interviewees state that the conversations could be told to or listened to by someone else.

Two of the three offenders who reported a sexual abuse incident at HCCF interviewees state they can communicate (talk or write) with those people from community or outside sources in a confidential way. One interviewee states that his conversation with staff from the outside services can be told to or listened to by someone else if he discussed self-injurious behavior.

The auditor notes that all offenders have the opportunity to be aware of 115.53(a) entitlements, as reflected above.

Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of

	<p>Understanding (MOU) or other agreement with community service providers that are able to provide offenders with emotional support services related to sexual abuse. The Warden further self reports the facility maintains a copy of the agreement.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section F(1 and 2) addresses 115.53(c) in totality.</p> <p>The auditor's review of an MOU between CC and WRAP reveals commitment from WRAP to provide advocacy services to offenders who experience sexual abuse at HCCF. The same appears to encompass the intent and requirements of 115.53(c).</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of offender sexual abuse or sexual harassment.</p> <p>Pursuant to the auditor's review of the CC website, any offender sexual abuse/sexual harassment reporter may report anonymously to the Warden (via letter or telephone, as well as, the TDOC Commissioner's Office). The facility address, telephone number, and name of the Warden are clearly documented on the website. Additionally, reporters may contact the CC Ethics Line [hosted by a third-party Hotline provider (number posted on the CC website)]. Reports can also be reported on-line to the CC Ethics Division. The Warden further self reports the agency or facility distributes information to offenders regarding methods to report offender sexual abuse or sexual harassment.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 16, section 2(h) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at 1-800-461-9330 or through www.CoreCivic.ethicspoint.com.</p> <p>The auditor's review of the CC website reveals option(s) for third-party reporting. Additionally, posters are hung in the front lobby and visiting room for public consumption regarding incident reporting. The posters are written in concise, understandable terms and the same are not obscured.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.54.</p>

115.61	Staff and agency reporting duties
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against offenders or staff who reported such an incident;

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section K(2)(a) addresses 115.61(a). CC PCN 14-2(03) entitled Sexual Abuse Prevention and Response, page 2, section Change To: K(2)(a) expounds upon CC Policy 14-2.

The auditor's review of 17 alleged sexual abuse/harassment investigations reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse.

All 12 random staff interviewees assert agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Minimally, all interviewees state these issues must be reported to their supervisor the shift commander, or the PCM.

The auditor notes that some random staff interviewees were generally aware of the CC Ethics Line reporting method. As reflected in the narrative for 115.51, staff were aware of various private methods to report incidents to superiors.

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section K(2)(e) addresses 115.61(b).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section K(2)(f) addresses 115.61(c).

According to the medical (med) and mental health (mh) interviewees, disclosure of confidentiality limitations and duty to report is provided to offenders prior to initiation of services. The mh interviewee states that an Informed Consent form is completed

and shared with the offender. The med interviewee states the admonishment is administered verbally. Minimally, this requirement is policy, licensure, and HIPPA driven. Similarly, reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The med interviewee reports such incidents to the shift commander or Warden while the mh interviewee reports to the clinical coordinator (cc).

One interviewee states she has not become aware of an incident during the last 12 months at HCCF. The mh interviewee states that she was alerted to such an incident in excess of 12 months ago. Both interviewees state they would report the allegation to the shift commander, Warden, or cc.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section M11)(f) addresses 115.61(d).

The Warden asserts no individuals under the age of 18 are housed at HCCF. TDOC OIC would be alerted to any sexual abuse of a vulnerable adult and either they (TDOC OIC) or TDOC officials would make further notifications.

According to the CCPC, state law dictates reporting requirements and as such, in most states, notification to law enforcement and the partner agency triggers notification to other affected agencies.

The PCM asserts zero reports of sexual abuse applicable to vulnerable adults were referred to social services agencies, etc. during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section M(11)(a-c) addresses 115.61(e).

The Warden asserts the investigator is notified of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, by either him (the Warden) or the ado. Generally, all sexual abuse allegations are referred to TDOC OIC and subsequently, they direct the investigative steps.

The auditor notes pursuant to review of the sexual abuse investigations referenced in the narrative for 115.61(a), the investigative reports clearly reveal both the facility investigator and the TDOC OIC investigators/TDOC officials were immediately notified subsequent to receipt of the report.

In view of the above, the auditor finds HCCF substantially compliant with 115.61.

	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports when the agency or facility learns an offender is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, there was zero instances wherein the facility determined an offender was at substantial risk of imminent sexual abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section M(1) addresses 115.62(a) in totality.</p> <p>The Agency Head interviewee advises immediate removal of the potential victim from the area is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may be placed in segregated housing status. The contractual requirements of the partner will dictate the ability to transfer the potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.</p> <p>The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. The threat level is then assessed and the matter is investigated. The potential victim may be placed in another housing area. He further asserts he could work with another Warden to relocate the potential victim if circumstances warrant the same. If movement of the perpetrator is warranted, coordination with TDOC could be an option.</p> <p>All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he/she is in imminent danger of sexual abuse. The incident would then be reported to the shift supervisor.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.62.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an offender was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p>

	<p>The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received at HCCF where an inmate was abused while confined at another facility.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 17(a)(i) addresses 115.63(a) in totality.</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 17(a)(i) addresses 115.63(b) in totality.</p> <p>Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 17(a)(iii) addresses 115.63(c) in totality.</p> <p>Pursuant to the PAQ, the Warden self reports HCCF requires that allegations received from other facilities/agencies are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at HCCF.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section 17(b)(i-iii) addresses 115.63(d) in totality.</p> <p>The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action. The report is then added into the incident reporting system and PREA protocols are initiated.</p> <p>The Warden asserts a full investigation is initiated either by the facility investigator and/or TDOC OIC investigator(s). To the best of the Warden's knowledge, zero such reports were received at HCCF during the last 12 months.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.63.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report:

Separates the alleged victim and abuser;

Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests 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; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will 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.

The Warden further self reports that in the last 12 months, 23 allegations that an offender was sexually abused have been reported. Of these allegations of sexual abuse reported during the last 12 months, the first security staff member to respond to the report separated the alleged victim and abuser on 10 occasions. Staff were notified within a time period that still allowed for the collection of physical evidence on three occasions.

Of these allegations in the last 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence on 10 occasions. Of these allegations in the last 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the first security staff member to respond to the report requested that the alleged victim and ensured the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, on zero occasions.

The auditor's random and cursory review of 14 sexual abuse investigations completed during the last 12 months reveals that in eight cases, the victim and perpetrator were separated.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, sections M(2)(5), and (6) address 115.64(a) in totality.

The non-security and security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities.

One offender who reported sexual abuse at HCCF reports that he reported his incident to an aw who is no longer employed at HCCF. The alleged sexual abuse incidents occurred between June and December, 2021. In view of the aw's departure from the facility, the auditor was not able to interview him. The offender interviewee states the aw came to his cell three months following the report and questioned him regarding the situation. The auditor did recommend that the offender address the allegation(s) with the current administration.

A second interviewee who alleged sexual abuse states that he submitted a kite to staff during evening hours. Staff removed him from the cell after count and escorted him to the Medical Department. He felt that staff were responsive to his needs.

One additional offender who reported sexual abuse at HCCF states he reported a sexual abuse incident to a correctional officer and within 30-45 minutes, staff were responsive. He states staff were responsive and the captain was called. After taking the interviewee's statement, he was moved to medical and subsequently transported to the hospital for a forensic examination.

One additional interviewee described her incident as sexual harassment. She did report the incident to the PCM and she (the PCM) was immediately facilitative. She documented the interviewee's statement and ensured the victim was escorted to the facility ambulatory care clinic. Zero physical evidence was located.

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the first responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The Warden further self reports that, of the allegations made that an offender was sexually abused within the last 12 months, zero non-security staff members were the first responders.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section M(3) addresses 115.64(a) in totality.

Seven of 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence (first responder duties). They state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

Of note, all HCCF staff receive the same 1st responder training and accordingly, all staff are trained as security staff 1st responders.

In view of the above, the auditor finds HCCF substantially compliant with 115.64.

115.65	Coordinated response
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1406 499">Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="256 539 1474 611">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 15-24, sections L through S addresses 115.65(a).</p> <p data-bbox="256 665 1465 987">The auditor's review of the PREA HCCF Coordinated Response Plan, as scripted in the above policy and unique to HCCF, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s). The auditor's review of the TDOC Nursing Protocols for Sexual Assault/PREA and the TDOC Nursing Protocol Progress Note form reveals substantial compliance with 115.65(a).</p> <p data-bbox="256 1028 1474 1227">The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts CC Policy 14-2 captures coordinated response procedures. The Coordinated Response Plan is addressed during PREA ART.</p> <p data-bbox="256 1267 1406 1301">In view of the above, the auditor finds HCCF substantially compliant with 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	<p data-bbox="256 1559 959 1592">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 1635 544 1668">Auditor Discussion</p> <p data-bbox="256 1711 1474 1870">Pursuant to the PAQ, the Warden self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p data-bbox="256 1910 1474 2069">The Agency Head interviewee advises that CC, as an agency, has entered into and/or renewed collective bargaining agreements since August 20, 2012. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any offender pending an investigation or disciplinary action.</p>

	As the auditor finds no deviation from standard, he finds HCCF substantially compliant with 115.66.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section M(16)(b)(ii) addresses 115.67(a). The Mental Health Coordinator is designated as the retaliation monitor for offenders at HCCF.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section M(16)(b)(ii) addresses 115.67(b).</p> <p>According to the Agency Head interviewee, for both offenders and staff who have reported allegations of sexual abuse, monitoring is provided for a 30/60/90 day period (longer, if needed) to protect against retaliation by offenders or staff. These reviews are documented on a policy attachment. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with offenders and shift changes, etc. for staff. These reviews also occur for victims of sexual harassment/sexual abuse. Policies and practices prohibit retaliation for any reason and this premise is included in staff training. Any violations are acted upon accordingly.</p> <p>The Warden and retaliation monitoring interviewee assert that the retaliation monitoring interviewee receives email notification regarding victims. The retaliation monitoring interviewee reaches out to the victim. He may recommend a cell or unit change for the victim. Dependent upon the circumstances, he may request transfer of the victim. MH services are recommended and Wrap VAs are contacted.</p> <p>With respect to staff, referral to EAP is generally a primary strategy. Additionally, shift/assignment changes, as well as, transfer to another CC facility are acceptable strategies to circumvent retaliation.</p> <p>As reflected above, retaliation monitoring meetings are facilitated at least once every 30 days. Additional check-ins are documented in case management notes. Retaliation monitoring meetings are documented on the 14-2D form.</p> <p>As previously mentioned, zero offenders were housed in segregated housing for risk</p>

of sexual victimization or who allege to have suffered sexual abuse.

Two of the three offender victims who reported a sexual abuse at HCCF interviewees state that retaliation monitoring has not been implemented in their case. A synopsis of their cases is addressed throughout this report. The last interviewee states that he feels safe.

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of offenders or staff who reported sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary.

As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred in the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18 and 19, section M(16)(b)(i, ii, iv, v, vi, and vii) addresses 115.67(c).

The auditor's review of nine of 14 random PREA Retaliation Monitoring Reports reveals substantial compliance with 115.67(c). The documents reflect monitoring at 30/60/90 day intervals and beyond if deemed appropriate and necessary. In one of the nine cases, the offender victim departed the facility during the second month of monitoring. Information is documented within the documents.

In regard to offender and staff victims of retaliation, nervousness, paranoia, change(s) in routine(s), hygiene depreciation, change(s) in associations, change(s) in behaviors, isolation, and refusal to program may be key indicators of retaliation. Additionally, an increase in call-offs, increase in disciplinary charges, increase in shift/post change requests, and a decrease in performance may be key indicators to monitor with staff. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to offenders.

The interviewee also asserts retaliation monitoring is facilitated for 90 days minimum (30/60/90 day intervals) with check-ins. Retaliation monitoring may continue until the offender departs the facility, if necessary.

As reflected in the CC policy narrative reflected for 115.67(c), status checks with respect to retaliation monitoring are addressed.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18 and 19, section M(16)(b)(ii and viii) addresses 115.67(d).

The auditor notes that periodic status checks are documented in the notes.

The relevant CC policy provision for 115.67(e) is addressed in the narrative for 115.67(a).

When a staff or offender who cooperates with an investigation expresses a fear of

	<p>retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narratives for 115.67(b), (c), and (d) above.</p> <p>The HCCF PCM asserts within the last 12 months, there has not been any instances wherein another staff or offender, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.67.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse 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. The Warden further self reports zero offenders alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section (I)(8)(a) addresses 115.68(a).</p> <p>The Warden asserts that since agency policy prohibits placing offenders at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers, such placements have not occurred at HCCF during his tenure. Generally, such temporary placements would be limited to 24 hours if they occurred at all. The Warden further asserts an offender may request protective custody placement in segregated housing. Zero involuntary segregation placements based on 115.68 issues, has occurred during the last 12 months.</p> <p>The staff member who supervises offenders in segregated housing interviewee states that when offenders are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they still have access to the following:</p>

	<p>Programs; Privileges; Education; and Work opportunities.</p> <p>Of note, the interviewee states that offenders, in general, housed in RHU can request educational materials, books, religious services materials, and library books. Legal materials can be brought to the RHU. Recreation, telephone privileges, visitation, and commissary are privileges afforded to RHU offenders. Zero work opportunities are available for RHU offenders.</p> <p>If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented. The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the door sheet and in the unit log. Of note, during the facility tour, the auditor observed the door sheet process and information provided on the same, as well as, in the unit log. Staff providing the tour demonstrated a mock of the above process.</p> <p>The staff member who supervises offenders in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. She further states that there is no involuntary housing of sexual abuse victims in the RHU.</p> <p>The staff member who supervises offenders in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days.</p> <p>If placed in involuntary 115.68 segregated housing status, records would be maintained for the length of placement in segregated housing for those offenders who alleged to have suffered sexual abuse to verify that:</p> <p>Offenders were placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged; and Offenders were placed in involuntary segregated housing for a period that did not ordinarily exceed 30 days.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.68.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal

Investigations are facilitated by the TDOC Office of Investigations and Compliance (TDOC OIC). Administrative Investigations are conducted by facility investigator(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section N(1) addresses 115.71(a) in totality. Time frame(s) for TDOC OIC criminal investigations are reflected in TDOC Index# 502.06.2 entitled PREA Allegations, Investigation, and Sexual Abuse Response, page 4, section VI(E). Such investigations must be conducted within 72 hours of receiving the allegation.

The administrative investigative staff interviewee asserts if she is on site, the investigation commences immediately. If a report of sexual abuse is received during non-regular business hours, she reports to the facility, sometimes in conjunction with TDOC OIC investigator(s). In the event of a sexual harassment case, the shift commander assumes initial investigative and notification duties and the interviewee provides guidance.

The criminal investigative interviewee states that if the fact pattern reveals penetration and some evidence within 72 hours of the report, an investigator is immediately dispatched to the facility or to the hospital if the victim is transported for a forensic examination.

Both the administrative and criminal investigative interviewees state that there is no difference in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report. The investigative process is complicated by the same as the victim must first be identified by the investigator.

The auditor's review of 17 sexual abuse/harassment investigations reveals substantial compliance with 115.71.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section N(5) addresses 115.71(b) in totality with respect to the conduct of administrative investigations. Specialized training for TDOC OIC criminal investigators is reflected in TDOC Index# 502.06.2 entitled PREA Allegations, Investigation, and Sexual Abuse Response, page 4, section VI(E).

The auditor's review of the HCCF PREA investigators' training records is addressed in the narrative for 115.34. The auditor's review of the lesson plan for the course reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

According to the administrative investigative staff interviewee, she did receive training specific to conducting sexual abuse investigations in confinement settings.

Specifically, she completed the three hour on-line NIC PREA: Conducting Sexual Abuse Investigations in a Confinement Setting course. The training included scenarios, as well as, a testing component. Of note, the training did address the following:

Techniques for interviewing sexual abuse victims;
Miranda and Garrity rights;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section O(6)(a) addresses 115.71(c) in terms of gathering and preservation of evidence. Evidence gathering requirements are reflected in TDOC Index# 502.06.2 entitled PREA Allegations, Investigation, and Sexual Abuse Response, page 4, section VI(E)(1).

The administrative investigative staff interviewee states that her investigative protocol includes the following:

Determine the location of the evidence and assess 1st Responder duties (five to ten minutes);
Threshold questioning of the victim (twenty minutes to two hours);
Interview witnesses (15 minutes per witness);
Video and telephone monitoring reviews (one to ten hours);
Review 5-1 system inclusive of prior incidents and credibility of victim, witnesses, and perpetrator (30 minutes);
Interview perpetrator if case released by TDOC OIC (zero minutes to two hours);
Review cameras again (up to five hours);
Re-interview victim and witnesses (20-30 minutes each);
Coordinate with TDOC OIC (15-20 minutes);
Listen to telephone monitoring again (15-20 minutes);
Talk to unit team (five to ten minutes); and
Write report (two to three hours).

The criminal investigative interviewee states that her investigative protocol includes the following:

Receipt of the sexual abuse report from facility official(s);
Question reporter regarding all known facts surrounding the allegation(s) and completion of 1st Responder duties;
Make decision regarding the conduct of a forensic examination;
Dispatch the investigator, inclusive of herself, if dictated by the circumstances;
Cursory interview of the victim regarding allegations;
Examine the crime scene;
Assemble witness list based on information known at the time;
Review any written reports;
Facilitate in-depth interviews of the victim(s) and staff and offender witnesses;

Review relevant video;

Review files;

Re-interview, if necessary;

Interview alleged perpetrator; and

Write report.

The administrative interviewee states she is responsible for review and processing of video, review of the 5-1 system, collection of any staff or offender files, collection of interview notes, and telephone monitoring. The criminal investigative interviewee states she is responsible for collection of all physical evidence and audio recorded interviews. She subsequently assumes custody of the evidence gathered by the administrative investigative interviewee.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section O(6)(b) addresses 115.71(d) in totality with respect to the use of compelled interviews. The use of compelled interviews by TDOC OIC criminal investigators is reflected in TDOC Index# 502.06.2 entitled PREA Allegations, Investigation, and Sexual Abuse Response, page 4, section VI(E)(2).

According to the administrative investigative staff interviewee, TDOC OIC handles all prosecution liaison and compelled interviews. The criminal investigative interviewee states that compelled interviews are not completed with respect to TDOC offenders.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section O(6)(c) addresses 115.71(e) in totality with respect to victim and witness credibility. Victim and witness credibility is also addressed in TDOC Index# 502.06.2 entitled PREA Allegations, Investigation, and Sexual Abuse Response, page 5, section VI(E)(3 and 4).

The administrative investigative staff interviewee states she assesses credibility of an alleged victim, suspect, or witness by the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim more believable than not? The criminal investigative interviewee states that she assesses the totality of evidence as compared to the consistency of interviewee statements to determine credibility.

Both interviewees further state they would not require an offender who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

Two offenders who reported a sexual abuse interviewees state they were not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation. The third interviewee states his allegation was never investigated and the auditor did validate the same. As previously indicated, with the turnover in key PREA staff, the auditor was unable to determine any facts regarding the offender's statement.

The administrative investigative staff interviewee states she checks the fact pattern and timeline against all evidence to determine if any Code of Ethics or policy deviations are existent.

In regard to report preparation, the administrative investigative staff interviewee states she does document administrative investigations in written reports. The following topics are included in the report:

Executive Digest of allegations, time line, and a thumb nail sketch of fact pattern findings;

Evidentiary analysis and interviewee credibility assessment(s);

Indirect and circumstantial evidence analysis;

Victim, witness(es), and perpetrator statement(s) and credibility analysis;

Video analysis;

Conclusion; and

Finding(s).

The auditor notes that during the facility tour, he observed locked file cabinets in the investigative staff interviewee's locked office wherein all hard copy investigations are housed. The auditor found no concerns.

The criminal investigative interviewee states that the TDOC investigative reporting system addresses the Who? What? When? Where? and How? of the alleged incident.

The auditor's review of the aforementioned 17 administrative investigations validates compliance with 115.71(f).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section O(6)(f) addresses 115.71(g) in totality with respect to the contents of the criminal report.

It is noted criminal investigations are facilitated by TDOC OIC investigator(s).

According to the administrative investigative interviewee, criminal investigations are documented, generally in the same manner as an administrative investigation with the exception of inclusion of a physical evidence analysis. However, she has not received copy(ies) of any criminal investigation(s).

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by TDOC OIC. The Warden further self reports three substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section O(6)(e) addresses 115.71(h) in totality with respect to criminal prosecution.

The administrative investigative staff interviewee asserts she does not refer cases for prosecution as the same falls under the purview of TDOC OIC. The criminal investigative interviewee states that a violation of Tennessee Criminal Code and probable cause must be present for referral of a prison sexual abuse case to the appropriate county district attorney.

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation (if provided to HCCF staff) of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section O(6)(g) addresses 115.71(i) in totality with respect to retention of investigatory records.

Throughout the on-site audit, the auditor found no evidence of deviation from 115.71(i). Storage and retention of sexual abuse/harassment investigations is addressed throughout the aforementioned narratives.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section N(7) addresses 115.71(j) in totality.

Both the administrative and criminal investigative interviewees assert that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

The auditor has not discovered any evidence contrary to the meaning and intent of 115.71(j).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section O(5) addresses 115.71(l) in totality.

The Warden asserts that he and/or the facility investigator remain in routine contact with TDOC OIC investigator(s) to obtain case updates. The CCPC relates, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. Designated facility staff follow-up with the outside agency on a schedule determined at the local level. The HCCF PCM asserts that either/or she and the administrative investigative staff member maintains email and/or telephonic contact with the TDOC OIC investigator(s) on a weekly basis.

The administrative investigative staff interviewee states TDOC OIC facilitates the criminal investigation in entirety and she provides support as a liaison/facilitator and assists with investigative organization, interviews, etc. She effects weekly status checks, in writing, with TDOC OIC investigator(s) regarding the status of investigations.

In view of the above, the auditor finds HCCF substantially compliant with 115.71.

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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section N(8) addresses 115.72 in totality.</p> <p>The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can be described as 51% or more evidence the incident occurred than not. The criminal investigative interviewee states that minimally, probable cause is the standard of evidence necessary to substantiate a criminal case for referral for prosecution.</p> <p>The auditor's review of 17 on-site PAQ investigations reveals substantial compliance with 115.72(a).</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.72.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any offender who makes an allegation he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports 46 criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and 28 alleged offender victims were notified, verbally or in writing, upon completion of the sexual abuse investigation regarding 115.73(a) findings.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section R(1) addresses 115.73(a) in totality.</p>

The Warden asserts the HCCF PCM or investigator notifies an offender who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected offender.

The administrative investigative staff interviewee states that agency procedures require that an offender who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. She further states that she generally makes such written notification.

One of the three offenders who reported a sexual abuse incident at HCCF interviewees states he recalls receipt of the requisite 115.73(a) notification. One of the remaining affected offenders states HCCF staff do not issue the requisite notification while the other interviewee states he does not recall whether he received the same. The auditor's review of the investigative packet regarding the offender who states he received the requisite notification reveals validation of his statement.

The auditor's review of seven of 14 alleged sexual abuse investigations reveals substantial compliance with 115.73(a) and (c). The HCCF administrative investigative staff issued a properly executed Offender PREA Allegation Status Notification to the victim, addressing the finding.

In view of the above and the Warden's statement regarding provision of the requisite notifications in 28 of the 46 investigative cases completed during the last 12 months, the auditor finds HCCF non-compliant with 115.73(a). Accordingly, the auditor imposes a 180-day corrective action period wherein HCCF staff will demonstrate compliance with policy and standard, as well as, institutionalization of the 115.73(a) and (c) requirements. The corrective action due date is April 24, 2023.

To demonstrate compliance with 115.73(a), the PCM will provide refresher training to the administrative investigative staff regarding the nuances of 115.73(a).

Specifically, the requisite notification must be provided to the victim with respect to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. A copy of the training syllabus, as well as, signed evidence substantiating completion by attendees will be uploaded into OAS. Of note, attendee(s) must sign and date the document signifying their completion of the training.

March 11, 2023 Update:

Pursuant to the auditor's review of a Training/Acknowledgment Attendance Roster dated March 8, 2023, the PCM and administrative PREA investigator completed the aforementioned review of relevant 115.73 policies. Additionally, a memorandum (same date) validates this training.

Between the date of this interim report and April 24, 2023, the PCM will provide the

auditor a copy of the sexual abuse case roster regarding sexual abuse allegations. The auditor will randomly select investigations, inclusive of the requisite notification, for review. Accordingly, the identified investigative packet and notification will be reviewed for compliance with 115.73(a).

May 10, 2023 Update:

The auditor's review of nine of 10 random investigations and accompanying 115.73(a) notifications, completed since the date of the interim report, reveals substantial compliance with 115.73(a). Accordingly, the auditor now finds that corrective action is complete and HCCF is substantially compliant with 115.73(a).

Pursuant to the PAQ, the Warden asserts that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the offender of the outcome of the investigation.

The Warden further self reports 28 alleged offender sexual abuse investigations were completed by an outside agency during the last 12 months. Reportedly, all 28 alleged victims were notified of 115.73(a) findings.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section R(1) addresses 115.73(b) in totality.

According to the HCCF PCM, the TDOC OIC investigates all PREA allegations due to possible criminal implications. The HCCF investigator conducts the administrative investigations however, they both do assist each other with investigations, working collaboratively.

The auditor's review of four of five random investigations completed by TDOC OIC reveals substantial compliance with 115.73(b).

Pursuant to the PAQ, following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the offender's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor finds there has been four substantiated reports or findings of sexual abuse committed by a staff member against an offender at HCCF during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section R(2)

addresses 115.73(c) in totality.

The auditor's review of four staff on offender sexual abuse investigations reveals the requisite 115.73(c) notifications were not completed. In each case, the staff member was removed from the facility.

In view of the above, the auditor finds HCCF non-compliant with 115.73(c) and accordingly, a 180-day corrective action period is imposed. During the corrective action period, HCCF staff will demonstrate compliance with both policy and standard, as well as, institutionalization of the 115.73(c) requirement. The corrective action due date is April 24, 2023.

To demonstrate compliance with 115.73(c), the PCM will provide refresher training to the administrative investigative staff regarding the nuances of 115.73(c).

Specifically, the requisite notification must be provided to the victim pursuant to those circumstances articulated above. A copy of the training syllabus, as well as, signed evidence substantiating completion by attendees will be uploaded into OAS.

Of note, attendee(s) must sign and date the document signifying their completion of the training.

March 11, 2023 Update:

Pursuant to the auditor's review of a Training/Acknowledgment Attendance Roster dated March 8, 2023, the PCM and administrative PREA investigator completed the aforementioned review of relevant 115.73 policies. Additionally, a memorandum (same date) validates this training.

Between the date of this interim report and April 24, 2023, the PCM will provide the auditor a copy of the sexual abuse case roster regarding sexual abuse allegations.

Staff-on-offender sexual abuse incidents will be highlighted and the auditor will randomly select investigations, inclusive of the requisite 115.73(c) notification, for review. Accordingly, the identified investigative packet and notification will be reviewed for compliance with 115.73(c).

May 10, 2023 Update:

The auditor's review of one random 115.73(c) notification in follow-up to a staff-on-offender sexual abuse incident revealed that the same did not address any of the four criteria as articulated above. This random investigation and notification addressed an incident that occurred since the date of the interim report.

Pursuant to follow-up with the CCPC, it has been determined that this case is pending indictment on or about September, 2023. Accordingly, provision of information related to indictment/conviction of the perpetrator cannot be provided at this time. However, notification regarding removal of the staff perpetrator from the facility and the victim's unit can be accomplished.

According to the CCPC, there are no other similarly situated investigations that have occurred since the date of the interim PREA audit report. Accordingly, pursuant to agreement between the auditor and the CCPC and in consideration of the above, the administrative investigator amended the requisite notification. Pursuant to email contact between the CCPC and the administrative investigator, direction regarding the instant matter, as well as, future such matters was addressed.

The auditor's review of the amended written notification reveals substantial compliance with 115.73(c) and (e). The amended notification was provided to the victim however, he refused to sign for receipt of the notification.

Given the above, the auditor finds that corrective action regarding 115.73(c) and (e) is now complete and accordingly, HCCF is substantially compliant with the same provisions.

As none of the offenders who reported a sexual abuse interviewee investigations involved a staff member, interviews with affected offenders could not be facilitated.

Pursuant to the PAQ, the Warden self reports following an offender's allegation that he or she has been sexually abused by another offender at HCCF, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section R(3) addresses 115.73(d) in totality.

None of the offenders who reported a sexual abuse interviewees report receipt of 115.73(d) notifications.

With respect to the random sexual abuse investigations reviewed by the auditor and those conducted within the last 12 months, he has not discovered any evidence that requires 115.73(d) notifications. Specifically, he has not learned of any indictments or convictions coinciding with 115.73(d) requirements.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section R(4) addresses 115.73(e) in totality.

Given the findings articulated in the narratives for 115.73(a) and (c), the auditor finds HCCF non-compliant with 115.73(e). Accordingly, the corrective action reflected in those narratives is likewise applicable to 115.73(e).

In view of the above, the auditor finds HCCF substantially compliant with 115.73.

115.76	Disciplinary sanctions for staff
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 36, section S(2)(a) addresses 115.76(a) in totality.

The auditor's review of CC Facility Employee Problem Solving Notices for four staff who engaged in sexual abuse of offenders reveals each employee's employment was terminated based on the offense.

Pursuant to the PAQ, the Warden self reports three facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months. However, the auditor's aforementioned review of investigations reveals that the employment of four staff was terminated based on sexual abuse of an offender. Commentary regarding termination of employment is addressed in the narrative for 115.73(c) and 115.76(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 36, section S(2)(b) addresses 115.76(b) in totality.

The auditor's review of the four investigations regarding staff-on-offender sexual misconduct matters referenced above reveals the employees' employment at HCCF was terminated.

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The Warden further self reports in the last 12 months, the employment of three facility staff members has been terminated for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 36, section S(2)(c) addresses 115.76(c) in totality.

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, three staff members from the facility were reported to TDOC OIC following the administrative investigation. The licensing agency component is not relevant to these staff based on their job titles, job requirements, or job responsibilities.

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 36, section S(2)(d) addresses 115.76(d) in totality.</p> <p>The auditor's review of the investigations relative to the aforementioned terminations reveals substantial compliance with 115.76(d). All of these investigations were facilitated by TDOC OIC investigators.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.76.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of offenders.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section S(2)(f) addresses 115.77(a) in totality.</p> <p>Pursuant to the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section S(2)(f) addresses 115.77(b) in totality.</p> <p>The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, offenders. If the investigation is substantiated, privileges would be rescinded on a permanent basis. Of note, TDOC OIC may also suspend the contractor's or volunteer's access privileges.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.77.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1465 582">Pursuant to the PAQ, the Warden self reports offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse. The Warden further self reports offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for offender-on-offender sexual abuse.</p> <p data-bbox="256 622 1481 902">In the last 12 months, there were 23 administrative investigations of offender-on-offender sexual abuse that occurred at the facility. Pursuant to the auditor's review of the aforementioned investigations and the sexual abuse investigations roster for the last 12 months, the auditor finds that there were zero substantiated cases of offender-on-offender sexual abuse. Similarly, there was zero criminal findings of guilt for offender-on-offender sexual abuse that occurred within the facility during the last 12 months.</p> <p data-bbox="256 943 1398 1021">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section S(1)(a) addresses 115.78(a) in totality.</p> <p data-bbox="256 1061 1366 1140">According to PAQ documentation, there has been zero incidents of disciplinary sanctions imposed on offenders during the last 12 months for:</p> <p data-bbox="256 1180 1481 1290">Administratively substantiated offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse, nor for offender-on-staff sexual contact/abuse.</p> <p data-bbox="256 1330 1398 1408">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section S(1)(c) addresses 115.78(b) in totality.</p> <p data-bbox="256 1449 1473 1648">The Warden asserts varying degrees of sanctions are available pursuant to the CC disciplinary process. A three person facility disciplinary committee (trained by TDOC) conducts such hearings. Disallowance of Good Conduct Time (GCT) or imposition of disciplinary time in the RHU are two sanctions available to the disciplinary team following the full panoply of due process rights.</p> <p data-bbox="256 1688 1461 1933">The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the offender's disciplinary history, and the sanction(s) imposed for similar offenses by other offenders with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy. Specifically, mental health staff assess every disciplinary case, prior to the hearing, wherein major sanctions may be imposed.</p> <p data-bbox="256 1973 1398 2051">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section S(1)(d) addresses 115.78(c) in totality.</p>

Pursuant to the PAQ, the Warden self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section (S)(1)(i) addresses 115.78(d) in entirety.

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are not currently offered to both victims and perpetrators. Even if offered, offender access to programming or other benefits would not be contingent upon participation in such services as the same would be voluntary.

Pursuant to the PAQ, the Warden self reports the agency disciplines an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section (S)(1)(e) addresses 115.78(e) in entirety.

During the last 12 months, zero offenders were disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section (S)(1)(g) addresses 115.78(f) in entirety.

During the last 12 months, zero disciplinary actions occurred for a report of sexual abuse made in bad faith.

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between offenders. The Warden further self reports the agency disciplines offenders for such activity only if it is determined the sexual abuse activity is coerced.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section (S)(1)(f) addresses 115.78(g) in entirety.

In view of the above, the auditor finds HCCF substantially compliant with 115.78.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports all offenders at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section 9 addresses 115.81(a and c) in entirety. TDOC Index # 502.06.1 entitled PREA Screening, Classification, and Monitoring, pages 2 and 4, section B and B(5) address 115.81(a).

The auditor's review of four TDOC Mental Health Services Referral forms (four separate offenders- two that scored as victims and two that scored as aggressors) reveals that referrals were submitted. However, there is no evidence substantiating that the requisite 14-day meeting occurred. Notes reviewed on these forms reveal that the offender(s) are currently receiving services, offender(s) are not requesting MH services, MH professionals will review charts and notes, and one offender may have been seen.

In view of the above, the auditor finds HCCF non-compliant with 115.81(a), (b) and (c). Accordingly, the auditor imposes a 180-day corrective action period wherein HCCF staff will achieve compliance with both policy and standard and institutionalization of the same. The corrective action due date is April 24, 2023.

To demonstrate compliance with both policy and standard, the PCM will provide training to all stakeholders who perform initial screening for risk of sexual victimization and abusiveness interviewees regarding the nuances of 115.81(a) and (b). Specifically, the training will focus on identification of those offenders who report or their histories reveal past sexual victimization or history of sexual predation. The training will subsequently address referral of offenders in each category for medical/ mental health follow-up within 14 days of the intake screening and proper documentation of the meeting findings. Referral forms, etc. will be interjected into the training. The PCM will upload into OAS a copy of the training syllabus, as well as, training documentation substantiating stakeholder completion of said training.

Subsequent to the above, the PCM will provide to the auditor a roster of all offenders received at HCCF between the date of this Interim PREA Report and April 24, 2023. The auditor will randomly select offender names and the PCM will upload copies of the relevant offender's screening, as well as, any medical/mental health progress notes surrounding the requisite meeting(s).

April 23, 2023 Update:

Pursuant to a January 24, 2023 Staff Meeting Agenda authored by the assistant warden treatment, the orientation case manager and mental health coordinator were both trained regarding proper 115.81(a) and (b) referrals of offenders and follow-up/ documentation of the results of the 14-day meeting. The auditor is satisfied regarding the training component of this corrective action.

The auditor's review of seven of 10 randomly selected files (offenders who arrived at HCCF subsequent to the completion of the interim report) reveals that the requisite 115.81(a) and (b) meetings were offered to the affected offenders and the results of the interviews were documented. The auditor is satisfied that 115.81(a) and (b) are institutionalized at HCCF. Accordingly, the auditor finds that HCCF is now substantially compliant with 115.81(a), (b), and (c).

Two offenders who disclosed historical sexual victimization at risk screening interviewees state they did not receive a meeting with mental health staff regarding the same. With respect to a third offender who alleges that he reported prior sexual abuse, there is no evidence of the same but rather, he is the offender who is alleged to have sexually abused another offender at HCCF. One additional interviewee reports he did not report historical sexual abuse during his initial victimization/ aggressor screening.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee asserts she offers a follow-up meeting with a medical and/or mental health practitioner (to occur within 14 days of intake screening) whenever the screening indicates an offender has experienced prior sexual victimization, whether in an institutional setting or in the community. She accomplishes the same by forwarding an MH Referral Form to mh staff.

Pursuant to the PAQ, the Warden self reports if offenders previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section 8 addresses 115.81(b) in entirety.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she offers a follow-up meeting with a medical and/or mental health practitioner (to occur within 14 days of intake screening) whenever the screening indicates an offender is an aggressor, whether in an institutional setting or in the community. She accomplishes the same by forwarding an MH Referral Form to mh staff.

With respect to "actual practice" evidence, the reader is directed to the narrative for 115.81(a). Corrective action for 115.81(b) is likewise addressed in the narrative for 115.81(a).

	<p>Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p>The auditor has not discovered any information contrary to the intent of 115.81(d). Electronic information is stored in secure systems (TOMIS), etc. and medical/mental health information is likewise stored in a password protected system. Hard copies of referral documentation are stored in secure files in mh staff secured offices and medical files in the Medical Department.</p> <p>Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(g) addresses 115.81(e) in entirety.</p> <p>The mental health interviewee asserts, as a matter of routine, she does ensure an Informed Consent form is completed prior to reporting about prior sexual victimization that did not occur in an institutional setting. There is no separate informed consent process for offenders under the age of 18 as such offenders are not housed at HCCF.</p> <p>In view of the above, the auditor finds HCCF is substantially compliant with 115.81.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The auditor's review of two sexual abuse investigations reveals both offenders were</p>

removed from the facility for a forensic examination. Review of both TDOC Nursing Protocol Progress Note Sexual Assault/PREA documents reveals substantial compliance with 115.82(a) documents (uploaded into OAS).

The medical and mental health interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief life-saving medical examination at HCCF. The nature and scope of these services are determined according to the professional judgment of the provider, in addition to the physician, if available.

None of the three offenders who reported a sexual abuse at HCCF interviewees state that they were examined by medical in a timely fashion following their report of sexual abuse. The auditor notes that one of the three interviewees was transported to the hospital for a forensic examination. There is no evidence that an investigation was conducted regarding another interviewee. The staff to whom this offender allegedly reported are not employed at the facility and accordingly, follow-up questioning could not be facilitated. The auditor did advise the interviewee to address the matter to facility staff so that they can follow-up with investigation.

With respect to the third interviewee who stated that he was sexually abused, in response to interview questions, the auditor's review of the 2021-2022 sexual abuse/harassment investigation digest reveals that the individual was alleged to be the perpetrator in the one case in which he is named. The investigation was found to be unsubstantiated. The auditor did not find any other cases in which the individual is named.

The auditor notes that five offenders who lodged sexual abuse allegations during the last 12 months were transported for forensic examinations. The allegations were investigated by TDOC OIC and therefore, forensic examination results are part of their investigations. Additionally, the forensic examinations were ordered by TDOC OIC investigators. In view of the above, the auditor will not request the same from TDOC OIC.

The non-security and security staff first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. Accordingly, the auditor finds no evidence validating any non-compliance with 115.82(b).

Pursuant to the PAQ, the Warden self reports offender victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

	<p>The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis. She states such information is provided at the hospital in conjunction with the forensic examination. The first dose is administered during the forensic examination while the follow-up is provided at HCCF.</p> <p>All three offender interviewees who reported a sexual abuse incident at HCCF interviewees state they were not provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis.</p> <p>Pursuant to the PAQ, the Warden self reports 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.</p> <p>TDOC Index # 113.15 entitled INMATE CO-PAYMENT for HEALTH SERVICES, page 3, section H(2)(a)(14) addresses 115.82(d).</p> <p>The auditor has not found evidence suggesting that any charges were assessed to victims of sexual abuse at HCCF during the last 12 months.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section 2(g) addresses 115.83(a) in entirety. CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(11) also addresses 115.83(a). The latter policy is pending review by TDOC.</p> <p>A discussion regarding follow-up medical care administered to two offenders who allegedly experienced sexual abuse at HCCF is addressed in the narrative for 115.82.</p> <p>Pursuant to the PAQ, the Warden self reports 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</p>

in, other facilities, or their release from custody.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(12) addresses 115.83(b).

In regard to medical care provided at the facility following a sexual abuse event, the medical interviewee states that mental health staff are contacted immediately upon transport or escort of the offender victim to the Medical Department. The medical staff interviewee states she facilitates a clothed body inspection, looking for cuts, bruising, etc. If the same is discovered, basic first-aid is administered. Basic threshold questioning is accomplished to determine the potential extent of the injury.

The mental health staff interviewee states that she facilitates threshold questioning of the victim. She attempts to calm the victim, soliciting communication. Once the victim returns from the hospital, she educates regarding available services.

One of the three offender interviewees who reported sexual abuse at HCCF states that he did see medical staff and was removed from the facility for a forensic examination. There is no evidence of failure to comply with the requirements of 115.83(b).

Pursuant to the PAQ, the Warden self reports that the facility provides such victims with medical and mental health services consistent with the community level of care.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(13) addresses 115.83(c).

Both the medical and mental health staff interviewees state that services offered at the facility are consistent with the community level of care.

The medical documents reviewed by the auditor in conjunction with investigations appear to validate the above based on the auditor's review of similar documents at other facilities.

Pursuant to the PAQ, the Warden self reports that female offenders are not housed at HCCF. The auditor's observations during the facility tour validate the Warden's assertion.

CC Policy 13-79 entitled Sexual Assault Response, pages 3 and 4, section B(10) addresses 115.83(d and e).

In view of the above, the auditor finds that 115.83(d) and (e) are not applicable to HCCF.

Pursuant to the PAQ, the Warden self reports that offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(10) addresses 115.83(f).

Tests for sexually transmitted infections and administration of infection prophylaxis are addressed in the narrative for 115.21(c). The same are administered in conjunction with the forensic examination.

None of the three offenders who reported a sexual abuse incidents at HCCF interviewees state they were offered tests for sexually transmitted infections as medically appropriate. As previously stated, two of the three interviewees were not administered a forensic examination in view of the circumstances surrounding their incidents.

Pursuant to the PAQ, the Warden self reports that treatment services are 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.

TDOC Index # 113.15 entitled INMATE CO-PAYMENT for HEALTH SERVICES, page 3, section H(2)(a)(14) addresses 115.83(g). CC Policy 13-79 entitled Sexual Assault Response, page 6, section B(16) also addresses 115.83(g).

A discussion regarding this 115.83(g) requirement is addressed in the narrative for 115.82(d).

Pursuant to the PAQ, the Warden self reports that If the facility is a prison, it attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(8) addresses 115.83(h) in entirety. CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(18) also addresses 115.83(h).

The mental health staff interviewee states she does conduct a mental health evaluation of all known offender-on-offender sexual abusers and offers treatment, if appropriate. She is not aware of the specific timeline for the conduct of such evaluation.

The auditor notes that he is not aware of any known offender-on-offender sexual abusers at HCCF nor did he glean any information from investigation reviews that substantiates such abuses during the last 12 months.

In view of the above, the auditor finds HCCF substantially compliant with 115.83.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports that In the last 12 months, 21 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only "unfounded" incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section P(1) addresses 115.86(a) in entirety.

The auditor's review of 17 random offender sexual abuse/harassment investigation files (investigations completed within the last 12 months) reveals that 11 investigations were applicable to 115.86 (sexual abuse allegations and the finding was either substantiated or unsubstantiated). The requisite sexual abuse incident review (SAIR) was properly completed in accordance with 115.86(a), (b), (c), and (d) in four cases. In one case, the SAIR was completed outside the 30-day time frame from completion of the investigation and in three cases, the SAIR date was missing.

With the date missing, the auditor cannot determine if the review was completed in a timely manner. In one other case, the victim was removed from the facility for unknown reason(s).

In view of the above, the auditor finds HCCF non-compliant with 115.86(a), (b), (c), and (d). Accordingly, the auditor imposes a 180-day corrective action period wherein HCCF staff will demonstrate standard and policy compliance and institutionalization of the same. The corrective action due date is April 24, 2023.

To demonstrate standard and policy compliance, the PCM will provide training to all SAIR members regarding the requirements of 115.86. A copy of the training syllabus, as well as, documentary evidence substantiating stakeholder completion of the training will be uploaded to OAS. The requisite documentary evidence of trainee completion may be demonstrated with a training roster bearing the attendee's name, title, date of training and time, and the attendee's signature.

Subsequent to the above, the PCM will upload an investigation roster of those sexual abuse investigations completed between the date of this interim PREA report and April 24, 2023. The auditor will randomly select files, inclusive of the requisite SAIR reports, and the PCM will upload the same to OAS. Once reviewed, the auditor will make a determination regarding compliance.

January 27, 2023 Update:

The auditor's review of a document entitled SART Team reveals the 115.86 responsibilities of the PCM, health services administrator (hsa), chief of security (cos),

mental health coordinator (mhc), and the victims services coordinator/internal affairs (vsc/ia). These staff are members of the SAIR review team.

April 9, 2023 Update:

The auditor's review of a Training/Activity Attendance Roster dated April 6, 2023 reveals two staff (both involved in the SAIR process) completed training regarding the nuances of the process in terms of proper record keeping and compliance with 115.86 requirements. As previously indicated throughout this report, the corrective action document validates completion of the training component of the prescribed corrective action.

April 24, 2023 Update:

The auditor's review of 14 sexual abuse investigations completed since the date of the interim PREA report (wherein eight were determined to be substantiated or unsubstantiated) reveals that the requisite SAIRs were completed. However, in one of those eight SAIRs, the date of the report is missing and accordingly, compliance with 115.86(b) could not be established. Additionally, in two other cases, dates appear to be transposed. Nonetheless, given the same, the SARTs were completed in accordance with the requirements of 115.86(b).

The auditor has discussed the same with the Director, PREA Compliance and Investigations and has been advised that modifications to the SAIR form are underway and will be submitted to Corporate for policy form modification. Given the results as indicated above, the auditor finds sufficient evidence of corrective action progress to warrant a compliance finding. With the advent of the amended form, this issue should be rectified systemically. Accordingly, the auditor finds HCCF substantially compliant with 115.86(a) and (b).

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports that in the last 12 months, 12 criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section P(3) addresses 115.86(b) in entirety.

A discussion of the auditor's findings is presented in the narrative for 115.86(a).

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section P(2) addresses 115.86(c) in entirety.

The Warden asserts that a SAIR is utilized and available at HCCF. The team does

include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

A discussion of the auditor's findings is presented in the narrative for 115.86(a).

Pursuant to the PAQ, the Warden self reports that the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Warden asserts that the SAIR team determines whether policy or training changes should be submitted to corporate, whether additional staffing should be recommended for submission through the chain of command, and whether additional video surveillance should be requested. The mission of the SAIR team is to "enhance all things PREA." Additionally, the Warden asserts that the SAIR team reviews all issues articulated above.

The PCM asserts that the SAIR team does prepare a report of the review proceedings encompassing the issues articulated above. She generates the reports and the auditor validated the same based on review of those reports submitted in the PAQ and on-site information. If there are recommendations, she follows through with the same or documents the basis for non-compliance.

The SAIR team interviewee validated the issues addressed above as requisite review items.

Of note, the auditor finds that the Sexual Abuse or Assault Incident Review Report (14-2F) provides for responses beyond the basic requisite questions identified above. There is also space allotted for further comment in each question area. The auditor's review of each 14-2F reveals that the review team did justify, in most cases, their subject-matter determinations and findings.

Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so.

Pursuant to review of the aforementioned investigative files, the auditor finds that the

	<p>PCM did document the majority of recommendations with which HCCF complied. Of note, there were few recommendations aside from staff training and directives. However, in one case, additional camera surveillance in one area was recommended however, the same was not complied with in view of budgetary processes and restrictions. The same was not documented and accordingly, the auditor recommended to the PCM that the same be documented on the SAIR record.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.86.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(1) addresses 115.87(a) in entirety.</p> <p>The PCM asserts that an SSV was not required for HCCF during the last 12 months. However, pursuant to the auditor's review of the SSV template, he has determined that the incident-based data collected is commensurate with the same.</p> <p>Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(4) addresses 115.87(b) in entirety.</p> <p>The auditor's cursory review of PREA Annual Reports on the CC website for 2019, 2020 and 2021 reveals annual aggregation of incident-based sexual abuse data for HCCF.</p> <p>Pursuant to the PAQ, the Warden further self reports the standardized instrument includes, 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.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(4) addresses 115.87(c) in entirety.</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p>

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(3) addresses 115.87(d) in entirety.</p> <p>The auditor has learned HCCF does not contract with any other private facilities for the confinement of any offenders designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not applicable to HCCF.</p> <p>Pursuant to a memorandum included in the PAQ, the PCM asserts HCCF has not been asked to provide SSV data during the last 12 months.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.87.</p>
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115.88	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the agency reviews 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, and training, including:</p> <ul style="list-style-type: none"> Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(5 and 6) addresses 115.88(a) in entirety.</p> <p>The Agency Head interviewee advises CC accesses data from various data on a daily, monthly, and annual basis. Incident data is provided daily to select Facility Support Center (FSC) staff in a Daily PREA Report. Monthly and annually, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with offender populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either the physical plant, presence of staff/ video coverage, or procedures would minimize the risks of incidents in those areas.</p> <p>The CCPC interviewee asserts the agency does review data collected and aggregated</p>

in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegation are retained in the CC 5-1 Incident Report Database. This database is retained on a secured server. Hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website. All information is subject to CC Record Retention Schedules.

Of note, PREA investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the HCCF Investigator's Office. The auditor observed these processes throughout the on-site audit.

The CCPC further advises that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.

The HCCF PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs are electronically transmitted to corporate and the CCPC maintains the same. He also has access to computerized daily population reports, etc. The HCCF investigator maintains hard copies of investigations in a locked cabinet in his/her office. Data is published by Corporate Office staff.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2019, 2020, and 2021 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2019, 2020, and 2021. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the audit year(s), are discussed in the annual report(s). Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(6) addresses 115.88(b) in entirety.

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 26 and 27, sections T(8 and 9) addresses 115.88(c) in entirety.

	<p>The auditor's review of the afore-mentioned 2019 and 2020, and 2021 annual reports clearly reflects the CC Executive Vice President and Chief Corrections Officer approves the report as the cover page bears his signature. The auditor verified the report(s), in question, are posted on the CC website.</p> <p>According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Executive Vice President and Chief Corrections Officer for final review and signature.</p> <p>Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency does not redact material from the annual reports.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(7) addresses 115.88(d) in entirety.</p> <p>The auditor did not find any redacted material in the aforementioned annual reports.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.88.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(12) addresses 115.89(a) in entirety.</p> <p>It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a), above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(9) addresses 115.89(b) in entirety.</p>

	<p>As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.</p> <p>Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(8) addresses 115.89(c) in entirety.</p> <p>The auditor has found no instances wherein personal identifiers have been excised from subject reports.</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(11) addresses 115.89(d) in entirety.</p> <p>The auditor's cursory review of investigations maintained in the administrative investigative staff interviewee's file cabinet(s) reveals no deviation from 115.89(d).</p> <p>The Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines. The auditor finds HCCF substantially compliant with 115.89(d).</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.89.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor facilitates four to five PREA audits per year for CC. In preparation for this audit, he validated, pursuant to review of the CC website, that the facility was the recipient of a PREA audit three years ago. The auditor has found the same to be accurate with respect to all facilities audited.</p> <p>Pursuant to the auditor's cursory review of the CC website, it appears that HCCF and CC are compliant with 115.401(b).</p> <p>Throughout the on-site audit, the auditor was provided access to all areas of the facility. He did observe all program and operational areas, as well as, all housing units. This included tours throughout each 10-11 hour day.</p> <p>The auditor was permitted to request and receive copies of any relevant documents pertaining to PREA standards. Information was uploaded into OAS or emailed to the</p>

	<p>auditor and he uploaded the same into OAS.</p> <p>With one exception, the auditor did interview all staff and offenders in a private, one-on-one setting throughout the conduct of the audit. In the excepted case, the offender was classified as "high security RHU" and accordingly, one staff member remained in the interview room. At the request of the auditor, the staff member positioned himself within approximately 20 feet of the offender and the auditor. The auditor is convinced that confidentiality was maintained pursuant to this arrangement.</p> <p>As reflected in the narrative for 115.51, mailroom staff advised that offenders are able to mail sealed envelopes unless otherwise directed by the Warden.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>As previously indicated, Final PREA Reports are published on the CC website. As the instant report is an interim report, the same will not be posted on the CC website. Other Final Reports are so published.</p> <p>In view of the above, the auditor finds HCCF substantially compliant with 115.403.</p>

Appendix: Provision Findings		
115.11 (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.)	na
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	na

	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.)	
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	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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.)	yes
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.)	na
	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	na

	facility does not have female inmates.)	
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)?	na
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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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	yes

	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?	
	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.)	na
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.)	na
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.)	na
	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.)	yes
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
115.22 (b)	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
115.22 (c)	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).)	yes
115.31 (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?	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
115.31 (b)	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
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)	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	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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	yes

	suspicious 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.)	
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	yes

	screening instrument?	
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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
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	
	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)	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
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	yes

	present management or security problems?	
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 decree, 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 decree, 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
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?	no
	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.)	yes
	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.)	yes
	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.)	yes
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 (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	yes

	anonymous upon request?	
	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.	yes
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.)	na
	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.)	na
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	na

	this standard.)	
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	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.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
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.)	na
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,	yes

	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.)	
	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	yes

	abuse or sexual harassment or retaliation?	
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)	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	yes

	response to an incident of sexual abuse?	
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	yes

	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?	
	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	yes

	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).)	
	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 (l)	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).)	yes
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.)	yes
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	yes

	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?	
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?	yes
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	yes

	evidence sufficient to substantiate the allegation?	
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	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
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.)	na
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.)	na
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?	no
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
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.)	na
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	yes

	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?	
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.)	no
	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.)	yes
	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	Audit contents and findings	

(f)		
	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