

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: July 2, 2021

Auditor Information

Name: Debra D. Dawson

Email:

dddawsonprofessionalaudits@gmail.com

Company Name: 3 D PREA Auditing & Consulting, LLC

Mailing Address : P.O. Box 5825

City, State, Zip: Marianna, FL 32443

Telephone: 850-209-4878

Date of Facility Visit: May 17-19, 2021

Agency Information

Name of Agency: Tennessee Department of Correction

Governing Authority or Parent Agency (If Applicable): State of Tennessee

Physical Address: Rachel Jackson Bldg.

City, State, Zip: Nashville, TN. 37243

Mailing Address: 320 6th Ave. North

City, State, Zip: Nashville, TN. 37243

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.tn.gov/correction/sp/prison-rape-elimination-act.html>

Agency Chief Executive Officer

Name: Tony C. Parker

Email: Tony.C.Parker@tn.gov

Telephone: 615-253-8139

Agency-Wide PREA Coordinator

Name: Blake Pollock

Email: Blake.H.Pollock@tn.gov

Telephone: 615-253-8139

PREA Coordinator Reports to:

Kimberly Gulden

Number of Compliance Managers who report to the PREA Coordinator:

10

Facility Information

Name of Facility: Northeast Correctional Complex

Physical Address: 5249 Hwy 67W

City, State, Zip: Mountain City, TN. 37683

Mailing Address (if different from above):
P O Box 5000

City, State, Zip: Mountain City, TN. 37683

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: N/A

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
TDOC Annual Inspection

Warden/Jail Administrator/Sheriff/Director

Name: Bert Boyd

Email: Bert.C.Boyd@tn.gov

Telephone: 423-727-3510

Facility PREA Compliance Manager

Name: Ashley Icenhour

Email: Ashley.M.Icenhour@tn.gov

Telephone: 423-727-3355

Facility Health Service Administrator N/A

Name: Tiffany Williams

Email: Twilliams@teamcenturion.com

Telephone: 423-727-3533

Facility Characteristics

Designated Facility Capacity:

1892

Current Population of Facility:

1510

Average daily population for the past 12 months:	1547	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-81	
Average length of stay or time under supervision:	4-10 years	
Facility security levels/inmate custody levels:	Trustee/Close (Level 4)	
Number of inmates admitted to facility during the past 12 months:	658	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	658	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	633	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	482	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	76	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	83	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	120	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	27
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	26
Number of single cell housing units:	3
Number of multiple occupancy cell housing units:	17
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	96 (72 SMU and 24 PI)
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p style="text-align: center;">Agency Investigator</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p style="text-align: center;">1</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Recertification Audit for the Northeast Correctional Complex (NEXC) located at 5249 Hwy 67W, Mountain City, TN 37683, was coordinated through the Tennessee Department of Corrections (TDOC) and the submission of a solicitation for bid. At the time of the on-site visit, the NECX also consisted of an NECX Carter County Annex, located at 188 Old Railroad Grade Road, Roan Mountain, Tennessee 37687. Upon award of the solicitation to 3D PREA Auditing and Consulting, LLC, Department of Justice (DOJ) Certified PREA Auditor Ms. Debra Dawson was assigned to conduct the audit.

The initial contact between the TDOC State-wide PREA Coordinator Mr. Blake Pollock and Ms. Dawson was established on October 15, 2020, referencing scheduling of the audit. The audit was scheduled for an onsite visit of May 16 – 18, 2021 after being rescheduled twice due to the effects of COVID-19 on the facility and throughout the United States. The review period was originally scheduled for December 1, 2019, through December 31, 2020, but was extended through February 1, 2021 due to rescheduling. Notification of the PREA audit and onsite visit for staff and inmate population awareness in addition to posting was forwarded to the facility on October 15, 2020. The Pre-Audit Questionnaire for Adult Prison and Jails was also forward for completion by the NECX PREA Compliance Manager (PCM) Mrs. Ashley Icenhour. Verification of the notice postings were confirmed on the date received October 15, 2020 and documented by photographs of the postings. The auditor utilized resources within the PREA Auditor Portal for completion and return to the auditor by the NECX PCM. The forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. These forms allowed the auditor to select investigative files, staff personnel files, identify specialized staff, and identify inmates within the various targeted categories for interviews during the onsite visit of the audit. The auditor reviewed the Agency Website, the Annual PREA reports and prior PREA audit reports for the facility.

The auditor contacted Just Detention International (JDI) regarding any PREA related information submitted by the inmate population in the past 12 months of the scheduled audit and received a negative response. The auditor did not receive any correspondence from staff and/or inmate population via the United States Postal Service prior to the on-site visit.

An encrypt flash drive was forward to the lead auditor via the United States Postal Service. The flash drive contained the completed PREA Audit Questionnaire and organized files for each of the 43 standards with TDOC policies, NECX policies, staff, and inmate rosters, PREA lesson plans, confirmation of staff and

inmate population PREA education, specialized training for investigators, medical and mental health staff, logbook entries of unannounced PREA rounds, and a variety of supporting documentation for each of 43 PREA standards. Information from the flash drive was used during pre-audit prior to the site visit and continued to be used during the post audit during the completion of the audit report. Data received required confirmation of documentation each part of the 43 standards was in place by policy and in practice by staff.

A review of the TDOC website www.tn.gov/correction/ PREA Policy confirmed it provides information by clicking on the topic hyperlink. Tip line for third-party reporting of sexual abuse and sexual harassment is identified on the website as (615) 253-8178.

As pre-approved by the PREA Resource Center, interviews with numerous supervisory staff interviews begun on May 3, 2021 prior to the on-site visit on May 17, 2021.

On Sunday, May 17, 2021, the DOJ PREA Auditor Debra Dawson arrived at NECX to begin the on-site phase of the audit. The initial entry meeting was held with the following in attendance: DOJ Certified PREA Auditor Debra Dawson; PREA Support Staff Ms. Margena Myrick; TDOC State-wide PREA Coordinator Mr. Blake Pollock, TDOC Director of Compliance Ms. Kimberly Gulden both with the Office of Inspector General, and Associate Warden of Treatment/Facility PREA Coordinator Mr. Steven Andrews. It was pre-determined that the first day of the on-site, (Sunday) would consist of a tour of the main facility and main annex would be completed in addition to the auditing team conducting informal staff and informal inmate interviews. Formal interviews with staff and the inmate population would be conducted on the following two days of the on-site visit in addition to a tour of the Carter County Annex. The inmate count of the first day of the on-site visit was 1591. The total inmate count on the first day of the on-site visit was 1591. The inmate count was identified as the following: Main Facility 1321; Main Annex 223; Carter County Annex 47. Carter County was identified as being permanently closed not later than July 1, 2021. Per a conversation with the TDOC State-wide PREA Coordinator on June 30, 2021, the Carter County Annex was officially closed and was cleared of all inmates and staff.

The auditor asked that upon an inmate's request to speak with the auditor, a private setting would be provided.

At the conclusion of the entry meeting, the auditing team was escorted throughout the main site facility by the Associate Warden/NECX PREA Coordinator Mr. Steven Andrews; Director of Compliance Ms. Kimberly Gulden; TDOC PREA Coordinator Mr. Blake Pollock.

The auditor was escorted to all areas of the main site followed by the main site annex with the exception of TRICOR and outside warehouses, maintenance buildings and intake area. These buildings were toured during occupancy of inmates and staff the following morning. A major part of the observation process was during the official tour of the facility utilizing the PREA compliance audit instrument – instructions for PREA audit tour while paying special attention to the following areas: checkpoint, TRICOR factory, school area with various vocational/educational programs, recreation, gymnasium, food service kitchen, dining hall, intake/reception, barber shop, inmate records, central control, visitation gallery, medical clinic, mental health, laundry/supply, law/leisure library, warehouse, inmate commissary, chapel, general housing units, mailroom, operations building, and all housing units. A tour of the main facility and main annex was completed in approximately 5 hours.

Upon arrival at the facility on the 2nd day of the on-site visit, an introduction meeting was held with the Warden and NECX PCM to explain the audit process that included the DOJ PREA Auditor Debra Dawson, PREA Support Staff Ms. Margena Myrick; TDOC State-wide PREA Coordinator Mr. Blake Pollock, TDOC Director of Compliance Ms. Kimberly Gulden both with the Office of Inspector General, and Associate Warden of Treatment/Facility PREA Coordinator Mr. Steven Andrews in the conference room. At the conclusion of the meeting, a tour of the facility continued at the outside details (maintenance, warehouse, etc.) The auditor requested private offices to conduct staff and inmate interviews as the inmate count was previously identified as 1591.

The auditing team was later escorted to a private office area to begin conducting interviews with specialized staff, non-security staff, random staff, and selected inmates. The auditing team hours of work was extended and adjusted to conduct interviews with security staff from the second shift of 6:00 p.m. – 6:00 a.m. and the completion of inmate interviews. Inmates assigned to housing units with restricted movement were interviewed within their assigned units in private offices. Also, in an effort to assist the facility in continuing their daily operational procedures, staff assigned to those housing units were also interviewed within the private offices. The auditing staff conducted a tour of these housing units prior to beginning the inmate and staff interviews.

On the 3rd day of the on-site visit, the auditing team was escorted to the Carter County Annex for tour and to conduct inmate interviews. Those in attendance was DOJ PREA Auditor Debra Dawson, PREA Support Staff Ms. Margena Myrick; TDOC State-wide PREA Coordinator Mr. Blake Pollock, TDOC Director of Compliance Ms. Kimberly Gulden both with the Office of Inspector General, and Associate Warden of Treatment/Facility PREA Coordinator Mr. Steven Andrews. Security supervisory staff at the Carter County Annex provided additional escort upon arrival. It was identified the Carter County Annex was scheduled for closure prior to July 1, 2021. The inmate count at the annex was 48. The tour consisted of the administration building, inmate visitation building, inmate housing units, arts/craft area, program/religious/ multipurpose areas. The auditing team conducted interviews with selected staff and inmates assigned at the Carter County Annex prior to returning to the Main site and the continuation of staff, inmate interviews and review of documentation.

With exception of the following recommendations, the auditor did not identify any concerns with blind spots that would be a factor in contributing to the performance of sexual abuse and/or sexual harassment during the various tours of the NEXC. The auditor made recommendations the installation of security mirrors in the following areas: 1 door mirror in the main site kitchen tray room; 1 large mirror in the warehouse; 1 door mirror in the main site library; and 3 door mirrors were recommended in various locations within the inmate kitchen area. All recommended mirrors were installed within 2 days of the recommendations made. The auditor also recommended the replacement and/or addition of a second shower curtain being installed on numerous individual showers due to several of the existing shower curtains did not provide sufficient coverage due to the width. These shower curtains were replaced with one of an appropriate size.

The auditor reviewed unit logbooks at the three sites that confirmed unannounced rounds are being conducted in all housing units and programming areas accessible to the inmate population at the three sites. The unannounced rounds were noted as being conducted numerous times during a 24-hour period. The notice of the PREA audit was strategically posted in areas accessible to the staff and inmate population that included: administration building; checkpoint; visitation gallery; bulletin boards near the central control; medical; mental health; staff dining room; inmate kitchen; inmate dining room; housing units at the three sites in program areas, job sites, chapel; TRICOR, chapel; laundry and libraries. The lead auditor tested the PREA Hotline numbers as noted for both internal and external and found each in working order.

An extraordinary amount of PREA information was posted throughout the three sites, main site, main annex and Carter County Annex on decorative bulletin boards accessible to all inmates and staff. In addition to PREA posters, the identity of the Sexual Assault Response Team (SART) names and positions within the facility, victim advocate, PREA PCM and facility's PREA Coordinator and how to report PREA allegations both internal and external PREA Hotline telephone numbers was posted. All PREA information was easily identifiable due to being in notable bright colors separate from other documents. These organized bulletin boards were in every department and in the foyer of housing units. There were no areas where visibility was obstructed by the placement of equipment, window blinds, full doors without glass, etc. in the inmate housing units.

The auditor conducted interviews with security, non-security, specialized staff, Sexual Abuse Response Team (SART) Members, and contract workers. Volunteers were not allowed entry since March 2020. Due to COVID-19. The auditing team conducted 21 random sample staff interviews that included TDOC training staff, mailroom staff, security and non-security staff, and part-time staff. The following 26 specialized staff interviews: (1) Agency Head Designee; (1) Warden; (1) Staff charged with monitoring retaliation; (1) Contact Health Services Administrator; (1) Human Resource Employee; (2) Investigators; (1) Incident Review Team Member; (1) Behavior Health Administrator (3) Staff who conduct risk screening for victimization or abusiveness; (1) TRICOR Contract; (3) Intermediate/higher-level staff (unannounced rounds); (1) NECX PCM; (1) TDOC State-wide PREA Coordinator; (1) Staff who supervise segregation; (1) Facility Victim Advocate; (1) The Sexual Assault Center Victim Advocate; (1) Johnson City Medical Center Emergency Room Charge Nurse for SANE/SAFE; (1) Security first responder (1) Contract Food Service Manager; (1) Agency Contract Monitor; (2) Staff who supervise segregation. The random and specialized staff interviews included staff assigned to both the NECX Main site, NECX Main Annex and Carter County Annex.

The random selection of inmate for interviews were determined from each housing unit at the three sites via current day roster. The inmate count on the first day of the on-site visit was 1591. Based on the count, 40 inmate interviews were required to be conducted. Through a selection of the inmate rosters, 44 inmates were formally interviewed. Ten inmates were informally interviewed. The 44 formal inmate interviews included thirty random inmates and 14 targeted group inmate interviews. The following targeted groups of inmates were interviewed: (1) inmate who reported sexual abuse; (3) inmates who reported sexual victimization during risk screening; (3) inmates identified as transgender; (3) Limited English Proficient (LEP); (2) hearing impaired (hearing aid); (1) hearing impaired (deaf); (1) physical disabled. There were no inmates identified within the following target groups: youthful inmate; bi-sexual; inmates with a

cognitive disability; inmate in segregated housing for high risk of sexual victimization; and/or identified as intersex. All inmates selected during the on-site visit agreed and cooperated without hesitation during the interview process. All inmates acknowledged receipt and understanding of their rights and responsibilities regarding the facility policies and PREA standards. All were aware of numerous methods in which they could report PREA allegations that included but not limited to the PREA Hotline numbers and/or to staff, and third period that is posted throughout the facility. All acknowledged receiving PREA training that included the PREA video,” PREA: What You Need to Know.”

Upon the completion of staff and inmate interviews, the auditing team met with the NECX PCM, Associate Warden (T)/Facility PREA Coordinator, TDOC State-wide PREA Coordinator, and TDOC Director of Compliance Ms. Kimberly Gulden Director to identify and review documentation for the PREA. A review of documentation submitted on the PAQ for the 43 standards, investigative files, policies, mental health referrals, retaliation monitoring, sexual abuse incident reviews, employee, and inmate PREA training, and other related PREA documentation was submitted to support compliance of the standards.

The auditor selected various staff from rosters for review of PREA training and received a computer-generated roster of all security and non-security staff. Specialized training was also provided for medical, investigative staff, and mental health. The auditor selected and carefully examined a random sampling of personnel files, staff personnel files, and volunteer/ contractor files. The personnel files were very well organized. No new staff are hired or allowed entrance until a thorough background check is completed. The auditor viewed signatures of staff on training forms documenting that the staff understood the PREA training received.

The TDOC Office of Investigations and Conduct (OIC) is responsible for conducting all investigations to include sexual harassment and sexual abuse. The OIC Institution Investigator conducts administrative investigations. The OIC Special Agent is assigned to conduct all criminal investigations. There were 39 reported allegations for sexual abuse and /or sexual harassment reported during the review period. The auditor was provided a PREA case log that identified 7 investigative cases. The auditor elected to review all 7. All were completed administratively.

The auditor randomly selected documentation of unannounced PREA rounds in all housing unit logbooks during the review period of December 2019 - December 2020. The selected documentation confirmed the unannounced PREA rounds were conducted on all shifts on the 15th day of each even month and on the 2nd day of each odd months. These rounds were documented in the housing unit logbooks by supervisory security staff in red ink and was noted as “Unannounced PREA inspection /security check.”

The auditor utilized rosters of new hires and staff promotions provided by the NECX PCM for the selection of random personnel files for review.

The auditor randomly selected and examined a sampling of inmate files and observed documentation of the inmates receiving PREA education, as well as documentation of risk screenings. The auditor utilized inmate rosters to make a random selection of 50 inmates PREA education, 72-hour initial risk screening and 30-day follow-up risk screenings that included inmates at both sites for review. There were no

discrepancies noted in the receipt of inmate PREA education as it was noted as provided to the inmates on the day of their arrival. The auditor viewed signatures of inmates documenting completion of PREA education.

At the conclusion of the on-site visit, the auditor conducted an exit briefing with PREA Support Staff Ms. Margena Myrick; Warden Bert Boyd, TDOC State-wide PREA Coordinator Mr. Blake Pollock, TDOC Director of Compliance Ms. Kimberly Gulden both with the Office of Inspector General, and Associate Warden of Treatment/Facility PREA Coordinator Mr. Steven Andrews, and NECX PCM Ashley Icenhour. The facility was thanked for their hospitality and all the assistance and cooperation provided during the pre-audit, and onsite audit. The discussion included general observation and preliminary findings. The post audit phase was described and the timeliness of any further requested documents as determined to be needed and the determination of compliance would be determined at the completion of the final review of documentation and notes collected. The auditor acknowledged staff on their preparedness for the audit, organization skills, professionalism of staff, positive interaction with the inmate population, expression of trust from the inmate population to address their PREA related concerns and staff and inmate knowledge of PREA education provided. Finally, the auditor acknowledged the cleanliness throughout the facility due to staff and the inmate population continuous effort in preventing the spread of COVID-19.

During the post-audit phase, a staff-on-inmate sexual abuse was identified by documented sufficient evidence. The staff member was immediately placed on administrative leave. The OIC Investigators consulted with the State Assistant District Attorneys' Office who confirmed based on the amount of evidence presented thus far, the staff member would be criminal charged and prosecuted and the identified staff was indicted.

Approximately 40 – 50 staff to include a Warden, and other supervisory staff have been terminated and/or indicted on criminal charges based on their corrupted actions in their position as a TDOC employee. Numerous criminal charges are pending. Additionally, various acts of violence amongst the inmate population have resulted in numerous serious injuries to inmates to include death. These occurrences were since the last PREA audit in March 2018.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The NECX, Main, is a time-building prison with a close custody designation. There is a Special Management Unit (SMU) at this facility comprised of three behavioral units and one punitive unit. There is also a protective custody unit and, recently, the other PC unit changed over to a close custody housing unit. The balance of inmates is considered as general housing population. This facility opened in 1996 on 225 acres. Of these, 52 acres are located within the secure perimeter. Within this area there

are 27 buildings with maintenance, the warehouse, commissary, canine and the pump station located on the exterior. There are ten acres of the exterior under cultivation in the production of vegetable crops for use by the facility. Eleven inmate workers are assigned to the garden. Tomatoes, cumpers, okra, beans, cabbage and potatoes are grown. Approximately 10% of the product is sent to other state agencies. Inmates from the Annex are assigned to jobs at this location. A 7912 square foot greenhouse, added in 2003 at the Main Compound, supports the gardens. Various flowers and potted plants are also grown.

The Northeast Correctional Complex is a multi-level custody institution that houses minimum thru close-custody male inmates. NECX main Institution is enclosed by a 12' double perimeter fence augmented by rolls of razor wire and an interior 8' high fence designed to detect intrusion with the activation panel located in the control center. The perimeter is patrolled 24 hours a day by two armed mobile patrols.

The Carter County Annex was closed permanently during the post -audit phase. Prior to the closure, the NECX operated 26 housing units with 3 single cell units, 17 multiple occupancy cell housing units and 6 open bay/dorm housing units. Single stall showers with wall partitions separated the showers. Shower curtains were installed at each.

The NECX staff compliment consist of 482 as identified: security staff – 291; non-security staff – 105; medical staff - 59; mental health staff – 13; TRICOR – 3; and Armark - 10. There are two 12-hour security shifts of 6:00 a.m. – 6:00p.m and 6:00 p. m. - 6:00 a.m. Administrative staff scheduled hours of work vary with the majority ending at 4:00 p.m.

There is an employee/visitor entrance located at the front of the institution for the in-processing of staff and visitors. Walk-thru metal detectors, hand-held detectors and pat-down searches are utilized to assist the officers with in-processing to deter the introduction of contraband. All persons entering the facility are frisk searched by a staff member of the same gender.

The main compound of NECX, the adjacent minimum-security annex and the Carter County annex all have an individual control center. Control Centers are staffed 24 hours a day. The control centers are equipped with keys, radios, restraints and a variety of other security equipment for issue to staff members. The NECX Control center monitors the institution camera system with several cameras identified as being pan, tilt, zoom, located throughout the institution.

The annex is a two-story building immediately adjacent to the Main Compound. All inmates housed here are designated as minimum security. In addition to work in the gardens inmates from the Annex also provide for ground's maintenance around both facilities. A 12-foot-high fence with razor wire encircles this location. At the Carter County location, there are three units of 60, referred to as the Dome, Roan, and Dome. Each has two sides of 30 inmates each. Administrative offices are on the lower level with program areas found in the basement of this facility. Inmates housed here are within ten years of completing their sentence and are all minimum security. This facility provides a number of work cadres to religious, non-profit, and local government agencies in Carter County as well as the surrounding area totaling in thousands of hours of unskilled and skilled labor per year. Services include lawn care, minor repair/renovation projects and maintenance at local state agencies and schools.

In each facility there is indoor/outdoor recreation, laundry services, food service, religious, library, visitation area and a host of program options. Due to the close proximity of the Main Compound and

the Annex, many of these services are easily shared. However, where appropriate, inmates at the Center Annex may be transported to the Main Compound for access to specific program options, i.e. a recent inmate-oriented job fair. A Barber Shop Schedule is clearly posted at each location. The inmate requesting a haircut will sign up the day before in their unit. The officer will, the following day, notify them of the time for their haircut. Inmates in the Man Compound are required to have a pass to move to the barbershop.

The Main Compound, in coordination with TRICOR, maintains one industry. A Shaw industry, a hardwood flooring company, operates through the private section of TRICOR Prison Industry Enhancement Certification Program (PIE). NECX offenders may attend Adult Basic Education Classes or one of six vocational programs. Those who do not have a high school diploma are able to earn a GED certificate. In addition, NECX has mandatory Career Management for Success and Release for Success programs for inmates nearing release.

It is the mission of the Northeast Correctional Complex to provide safe and secure confinement for 1880 minimum, medium and close custody adult, male felons while providing work, academic/vocational program opportunities, full support services, treatment, and structured recreational activities in compliance with Tennessee Department of Correction policy, court mandates, and ACA standards. NECX will recruit, train, and develop a professional staff to carry out these responsibilities.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded:

115.11 Zero Tolerance of sexual abuse and sexual harassment

115.17 Hiring and promotion decisions.

.115.31 Employee training

115.41 Screening for risk of victimization and abusiveness

115.34 Specialized Training: Investigations

Standards Met

Number of Standards Met: 38

115.12, Contracting with other entities for the confinement of inmates
115.13, Supervision and monitoring
115.14 Youthful Inmates
115.15, Limits to cross-gender viewing and searches
115.16, Inmates with disabilities and inmates who are limited English proficient
115.18, Upgrades to facilities and technologies
115.21, Evidence protocol and forensic medical examinations
115.22, Policies to ensure referrals of allegations for investigations
115.32, Volunteer and contractor training
115.33, Inmate education
115.35, Specialized training: Medical and mental health care
115.42, Use of screening information
115.51, Inmate reporting
115.52, Exhaustion of administrative remedies
115.53, Inmate access to outside confidential support services
115.54, Third-party reporting
115.61, Staff and agency reporting duties
115.62, Agency protection duties
115.63, Reporting to other confinement facilities
115.64, Staff first responder duties
115.65, Coordinated Response
115.66, Preservation of ability to protect inmate from contact with abusers
115.67, Agency protection against retaliation
116.71, Criminal and administrative agency investigations
115.72, Evidentiary standard for administrative investigations
115.73, Reporting to inmates
115.76, Disciplinary sanctions for staff
115.77, Corrective action for contractors and volunteers

- 115.78, Disciplinary sanctions for inmates
- 115.81, Medical and Mental Health Screening
- 115.82, Access to emergency medical and mental health services
- 115.83, Ongoing medical and mental health care for sexual abuse victims and abuser
- 115.86, Sexual abuse incident reviews
- 115.87, Data collection
- 115.88, Date review for corrective action
- 115.89, Data storage, publication, and destruction
- 115.401 Frequency and scope of audits
- 115.403 Audit contents and findings

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

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

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

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

TDOC 502.06 indicates each PREA Site Coordinator and /or PREA Compliance Manager shall ensure unannounced PREA-free walk (inspection) is conducted monthly in accordance with PREA Inspection Team Worksheet, CR-3821. This inspection shall be conducted to identify and deter sexual abuse and

sexual harassment. By the 15th of each month, the Warden/Superintendent/Designee shall submit the facility's previous month's PREA Inspection to the Assistant Commissioner of Prisons. The Assistant Commissioner of Prison/designee shall compile all the facility reports and forward to each Assistant Commissioner, Deputy Commissioner, Inspector General, Statewide PREA Coordinator, and Director of Decision Support: Research and Planning for review.

NECX 502.06.2-1 was developed to establish standardized procedures in the reporting and investigations of all PREA allegations and role of the Sexual Abuse Response Team. The Head of Agency Designee, State-wide PREA Coordinator and NECX PCM indicated monthly PREA walks, meetings, and reports are conducted in accordance with TDOC policy and inspection standards such as why an incident occurred in a particular area, and what corrective actions could be applied if applicable. SART reviews security equipment and submit recommendations for mirrors and video placement that would serve as a level protection for inmates from sexual assault or sexual abuse during the monthly walk through. A work order is submitted as needed and is required to be completed within 30 days of submission. A member of SART also serve on the Sexual Assault Incident Review Team and designated members also serve as victim advocates. Copies of the monthly walk throughs throughout the review period was presented for review. These staff also document the review of standards 115.11 through 115.86.

A review of reports submitted to the Warden from Facility PREA Coordinator documenting the findings of the Monthly Unannounced PREA Walk Through /SART Meeting confirmed activities was beneficial to the facility. Specific members of the SART identified various PREA concerns, to include but not limited to: updating bulletin boards with updated PREA memorandums, the addition of mirrors and/or cameras in various areas, the placement of PREA posters in various areas, and quizzing staff during the walkthrough on their understanding and response to reported PREA allegations.

115.11(b) The agency has designated a State-wide PREA Coordinator with the Office of the Inspector General, who is assigned the duties of overseeing the agency's efforts regarding PREA in all its facilities. The agency's organizational chart shows the State-wide PREA Coordinator reports directly to the Director Compliance with the Office of the Inspector General. The auditor interviewed the State-wide PREA Coordinator and confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. It was obvious to the auditor that the State-wide PREA Coordinator plays a positive and productive role in providing training, guidance and assistance to the NECX PCM in her role.

115.11(c) The Associate Warden of Treatment (T) at each TDOC facility also serve as facility PREA Coordinator and reports directly to the Warden. All TDOC facilities also has an on-site PREA Compliance Manager (PCM) who works to ensure the facility's compliance with the DOJ PREA standards. The facility's organizational chart was provided for review. The chart shows the NECX PCM position as a dedicated position who reports directly to the Associate Warden of Treatment (T) and the Warden who also holds the position of Administrative Secretary. The auditor interviewed the NECX PCM and confirmed she does have sufficient time to perform her duties as the facility's PCM in overseeing the facility's efforts to comply with the PREA standards. Per an interview with the NECX PCM, PREA is consistently the top priority of the facility. The Warden, Facility PREA Coordinator, and herself as the PCM monitor the standard provisions and identify any corrective actions needed while also ensuring the PREA training is thorough to all staff. Any identified issues with complying with the

PREA standards are discussed with the Warden, Facility PCM Coordinator and department head supervisor to apply needed corrective actions.

During this interview it was also stated, the Staffing Plan is in place and communicated ensuring all employees have the ability to identify an issue, and what actions or processes are required to comply with this standard.

NECX has been determined as Exceeding the Standard of 115.114. The conclusion is based on the following: policies, organization charts, duties and responsibilities of the SART serving as an identified response team while maintaining experience as such in conducting a monthly walkthrough of the facility in an effort to identify and making immediate corrective actions rather than upon the review of an incident review of sexual abuse.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. Interviews with the following:
 - a. State-wide PREA Coordinator/ Agency Contract Monitor

NECX does not contract for the confinement of its inmates. However, the Tennessee Department of Corrections does have 3 contracts for the confinement of inmates, and all are monitored by the Contract Monitoring Division within the Office of the Inspector General.

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

The facilities' most recent PREA audits were submitted as the following: Hardeman County Correctional Facility on August 6, 2020; South Central Correctional Center on February 17, 2020; Whiteville Correctional Facility on September 16, 2020; Trousdale Turner Correctional Center most recent posted PREA audit is noted as March 2018. However, in accordance with an interview with the TDOC State-wide PREA Coordinator, a PREA audit was recently conducted in February and the audit report is pending. Review of the contracts confirmed all contained language that required the contracted facility to comply with the requirements of the Prison Rape Elimination Act.

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

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- 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?
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- 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 No NA

115.13 (c)

- 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 No

- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education and Compliance
3. TDOC Index 506.22 Security Staff Assignments
4. NECX Annual Staffing Review
5. Post Assignment Rosters
6. Logbooks documenting unannounced rounds.

7. Observation while on-site

8. Interviews with:

a. Warden

c. NECX PREA PCM

d. Intermediate or Higher-Level Staff

e. TDOC Statewide PREA Coordinator

115.13(a) TDOC Index 502.06 states the requirements of a facility staffing plan that provides for the adequate levels of staffing and monitoring to protect inmates against sexual abuse. These requirements contain the eleven requirements stated in this provision. This review shall be completed on the PREA Annual Staffing Review form CR-3964. Interviews with the agency TDOC PREA Coordinator, Warden and NECX PCM indicated the facility does develop and comply with a staffing plan as outlined in TDOC Index 506.22. Furthermore, it was indicated that the facility does consider each element of provision and that upper-level administration as well as the PREA Coordinator review of the staffing plan. TDOC has been granted funding for the installation and upgrade of video monitoring for all facilities as needed within their agency. The NECX Staffing Plan addresses the eleven requirements as indicated in this provision.

115.13(b) TDOC Index 506.22 indicates the Critical and Non-Critical post. The facility staffing plan is developed with minimum operations staffing levels in mind and a daily staff roster is reviewed to ensure adequate staff in accordance with the stated staffing plan. The daily rosters identify positions, the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. An interview with the Warden indicated the facility currently had 42 vacate correctional officer positions, numerous institution staff have over 30 years of service and are eligible for retirement. However, the Administrative Lieutenant create and review the security rosters daily to ensure compliance is maintained with the staffing plan. He added he also conduct a review quarterly for compliance.

He indicated the correctional post are identified as mandatory and non-mandatory and are documented on the daily rosters. At the exhaustion of reassigning staff from non-mandatory post to mandatory post when possible, overtime is always paid to staff to cover the mandatory post. Mandatory post positions are never vacated even with a shortage of security staff and there have been no deviations from the staffing plan in the filling of mandatory critical post. He added unit management positions have also been modified to ensure sufficient coverage and tier management is maintained. Any deviations from the staffing plan would be documented on the daily roster with an explanation. The auditor requested one copy for each of the 12 months review period December 2019 - December 2020. The request identified the 15th of each month for even months and the 2nd for odd months. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution.

115.13(c) TDOC Index 502.06 states that by July 1st of each calendar year each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. NECX 502.06.1 states the staffing plans shall be reviewed annually during the budget cycle, when the organizational chart and shift rosters are approved by institutional and Central Officer personnel. TDOC Index 506.22

states the Warden shall identify on each post assignment schedule all critical posts. Posts that are critical to the security of the institution must be filled on each shift. NECX 502.06.1 states the staffing plans shall be reviewed annually during the budget cycle, when the organizational chart and shift rosters are approved by institutional and Central Officer personnel. The staffing plan is approved by the Warden and TDOC Assistant Commissioner.

The staffing plan review is documented on an agency-wide standardized form. Interviews with the State-wide PREA Coordinator, Warden and NECX PCM indicated that the facility does conduct a staffing plan review at least annually. NECX provided a copy of the Staffing Plan. A review of the Staffing Plan reviewed it was in the routing process for review by the Chief of Security, Associate Warden of Security, Associate Warden of Treatment/ Facility PREA Coordinator. TDOC State-wide PREA Coordinator and Warden with a final review on June 30, 2020. The form considers all the criteria required for a staffing plan review as required in this standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility compliance manager and agency wide coordinator. Recommended changes were approved and signed the NECX Warden on August 14, 2020 and TDOC Assistant Commissioner of Prisons on August 21, 2020.

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

Interviews with the Unit Management staff identified they are also required to conduct unannounced PREA inspection /security checks as identified in NECX Unit Manger Post Assignment. Specifically, the post assignments stated: Unit Mangers shall visit each housing unit in their team area (2) times a shift. Each visit will be documented by the Unit Manger in red ink. One of the checks must be documented as an unannounced PREA inspection/security check. The post assignment also documents that the Unit Manager will ensure the Sergeants and CCO's visit each area they are responsible for daily. He/she will ensure that Complex Sergeant spend most of their time in the units working with the officers. The Unit Manager shall check housing unit post order daily to verify the Sergeant is monitoring the assigned unit officers have reviewed and signed their post orders.

The auditor randomly selected the Unit Managers' first workday for the month of October 2019 for inmate housing units/pods/wings they are responsible for while identifying their completion of Unannounced PREA inspection /security check.

The auditor randomly selected documentation of unannounced PREA rounds in all housing unit logbooks during the review period of December 2019 - December 2020. The selected documentation confirmed the unannounced PREA rounds were conducted on all shifts on the 15th day of each even month and on the 2nd day of each odd months. These rounds were documented in the housing unit logbooks by supervisory security staff in red ink and was noted as "Unannounced PREA inspection /security check."

Confirmation of supervisory rounds were also provided during interviews. All supervisory staff stated they alternate their rounds schedule, but they are constantly in and out of the area and conducted as

many as 5 to 6 rounds and some stated they are in and out at least 15 times per shift. Staff officers are within some of the housing units so staff and/or inmates have no idea when they may conduct round. Rounds are never conducted at the same time daily. Therefore, staff and inmates see them at any time without an opportunity to advise others.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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].) Yes No NA

115.14 (b)

- 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].) Yes No 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].) Yes No NA

115.14 (c)

- 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].) Yes No 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].) Yes No 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].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.14.2 Housing, Programming of Youth Inmates
3. Observation during onsite tour
4. Interviews with the following:
 - a. Warden
 - b. NECX PCM
 - c. Inmates

TDOC 506.14.2 indicates for the purpose of the policy only, juvenile offenders are person between the ages of 16 and 18 who are sentenced and committed to the TDOC by court having adult criminal jurisdiction. Review of the PAQ, policy and interviews confirmed the facility does not house youthful inmates. The NECX PAQ, Warden, and NECX PCM identified the age range of inmates housed at the facility are between 18-81 years of age. Interviews with staff and the inmate population identified indicated no acknowledge of inmates housed at the facility under the age of 18 years old.

Based on the review of the PAQ, policy, observation, interviews and analysis that the facility does not house inmates under the age of 18 years old and therefore, has demonstrated compliance with all provisions of this standard.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No 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 facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- 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 No
- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No
- 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 No

115.15 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

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

115.15(a) TDOC Index 502.06-1 states that security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. TDOC Index 113.37 states that should circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search. TDOC Index 506.06-1 Searches states routine strip searches and/or visual body cavity searches will occur in authorized areas. Searches based on reasonable suspicion require the Warden's authorization. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity

searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. NECX houses male inmates. Inmates interviewed did not report being subjected to cross-gender viewing by staff during a strip search or visual cavity search.

115.15(b) TDOC Index 506.06-1 states, “Female correctional officers may frisk search inmates of both genders”. Male correctional officers may only frisk search male inmates. Interviews with staff and inmate population confirmed the male inmate population is frisk searched by both male and female staff members. Per the NEXC PCM and rosters, 4 inmates were identified as such at NECX. Three inmates were interviewed, all stated they were offered the opportunity to be searched by the gender of staff they preferred, two female one male.

115.15(c) Body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Staff interview and inmate interview did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff to exceed during the review period of December 2019 – December 2020 to February 1, 2021.

115.15(d) TDOC 305.03 and TDOC 502.06-1 states, “Staff of the opposite sex announce their presence when entering a housing unit.” Signage is noted on each housing door that opposite gender staff must announce themselves when entering the housing unit. This practice was observed during the tour. Additionally, during 44 formal interviews and 10 informal interviews with the inmate population, all acknowledged the female staff always announce themselves when entering the housing unit repeatedly. Staff interviews also confirmed it is a common practice of the female staff announcing themselves prior to entering the housing units. There were no occurrences and /or inconsistencies in this practice identified. During the tour it was noted that the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All housing units were observed to have doors and shower curtains in place that allow inmates to use both the bathroom and shower facilities without being observed by staff of the opposite gender. Inmates indicated they were not able to be viewed by opposite gender staff when using the toilet, showering, or changing clothes.

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

intersex and/or transgender would be reviewed and interviewed by the Gender Dysphoria, Transgender, Transsexual, Intersex, Gender Non-Conforming Accommodation Review Committee. The inmate would acknowledge their preference of staff gender for visually strip searches. Two of the three inmates identified and interviewed selected to be searched by a female staff member.

Security staff who are identified as volunteering to be called upon during the requirement of a transgender are provided additional refresher search training. The Shift Commanders maintain a list of these female staff and ensure they are relieved from their assigned post to conduct such searches as needed. In the event none of the identified security female staff on duty, any other security female staff is required to conduct the visual search.

Interviews were conducted with the 3 transgender inmates assigned at NECX during the on-site visit. All had been designated at NECX for a lengthy time (various years) and stated they have not encountered any instances of inappropriate searches to include frisk and/or visual searches to include for the sole purpose for determining their genital status.

115.15(f) TDOC Index 506.06-1 defines the term “Frisk Search” as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects.” Policy notes that frisk searches may be conducted by female staff on male inmates. Strip searches are performed exclusively by staff of the same gender this including a provision for transgender or intersex inmates who may prefer to be searched by a specific gender of staff. The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The Pre-Audit Questionnaire noted that 100% of staff have been trained. Random staff interviews indicate they received training regarding cross gender, transgender, and intersex search procedures as identified during in-service training. The training course Personal Searches/Skills is taught on Day 4 of in-service and documented in the Learning Management System (LMS). Inmates identified as transgender, identified no negative concerns in the method of being searched by staff that includes frisk and/or visual search. These searches are conducted by female staff as identified as the inmate’s preference. There were no inmates identified as intersex at the facility during the on-site visit for interview.

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

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- 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 No
- 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 No

115.16 (b)

- 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 No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 - Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

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

115.16(a)(b) TDOC Index 502.06 states staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including

inmates who have intellectual disabilities, limited reading skill, or who are blind or have low vision. Agency policy also requires that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. TDOC Index 103.10.1 policy indicates that an assessment during the intake process will determine if the inmate requires language or literacy assistance. The review of "Plan for Providing Inmates with Limited English Proficiency Access to Programs and Activities (As required by the Civil Rights Act of 64) outlines the specifics for ensuring methods are identified for communicating with inmates who are LEP. The plan identifies the duties of staff within the various facility departments to include but not limited to medical/mental health services, classification assignment and hearing; disciplinary procedures, grievance procedures, education /programs. Housing assignment, court appearances, parole hearings program availability. The plan list outside agencies that are available to provides a variety of services for inmates with a range of disabilities to include LEP. A list of bilingual staff is identified within the plan and updated as needed. The inmate will be offered Language Identification Guide to make the determination. An interpreter will be provided through utilization of institution staff, volunteers, or contract interpreters to determine the extent of their proficiency. The staff member will document the provision of an interpreter by name on E-TOMIS Contact Notes (LCDG). At orientation inmates are provided a copy of the Inmate Orientation Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and is also available in Spanish. Sign language services are available through Statewide Visual Communication Services. An Interagency agreement between the State of Tennessee Department of Corrections and Tennessee Foreign Language Institute has been established for the contractor to provide qualified language interpreter services for non-English speaking inmates. Additionally, an Interagency agreement between the State of Tennessee Department of Corrections and the University of Tennessee was entered into on October 1, 2020 to provide interpretation and translation services.

Per the Agency Head Designee, TDOC has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She added, while these programs can always be strengthened, TDOC strives to ensure that all offenders regardless of disability or ability to speak English are afforded equal opportunities to all aspects of the Agency' PREA program. Contracts exist for medical, mental health and translation services to provide services to theses offenders.

Offenders are identified at orientation with a particular need and are given information related to issues they might experience related to PREA. For someone who has been an identified physical or mental health issue, medical and mental health monitor and meet with those individuals regularly to ensure they have equal access to programs especially PREA. Modifications are made to ensure that the offender understand (i.e. sign language for deaf inmate. For the LEP offenders, there are two state contractual

agreements for services and there are in house translators on staff that able to converse in other languages.

Two inmates who were identified as hearing impaired was interviewed in addition to one inmate identified as deaf. Sign language services was provided by staff for the interview with the inmate identified as deaf. All identified they were provided PREA education in a manner they could easily understand. The inmates identified as hard of hearing and deaf indicated they can read material presented to them to include the PREA information posted throughout the facility. Staff translators were assisted the auditor conducting interviews with 2 inmates identified a LEP (Spanish). Both LEP inmates stated they were provided PREA education in the written format of Spanish and the PREA posters are also provided in their first language Spanish, and both are aware of various ways to report. A third inmate identified as LEP (Spanish) was also interviewed and stated although his English is not perfect, he was also given PREA education in Spanish and he is able to read all in Spanish and some English as it is his second language. One inmate was identified with a physical disability and stated his disability does not interfere with his understanding of the PREA education provided to him and that is accessible to him throughout the facility. All inmates identified stated they have a clear understanding of the PREA education posted throughout the facility on the inmate bulletin boards in housing units, on walls, inmate telephones, and in the inmate handbook.

115.16(c) TDOC Index 502.06 states, “Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate’s safety, the performance of first responder duties, or the investigation of an inmate’s allegation. Contact Note LCDG shall be posted identifying the name of the assistor and their organization. During interviews, staff indicated they were aware that inmate interpreters should not be used regarding a PREA allegation as the facility have staff and other services provided by the facility to offer translation services. The 21 random staff interviewed indicated they were aware an inmate is not allowed to provide translations services for a another when reporting an allegation of sexual abuse and/or sexual harassment. Staff was aware of the official staff members assigned to provide translation services.

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

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 No

- 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- 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 No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- 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 No

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 301.04 Job Requirements
3. TDOC Index 502.06 PREA Implementation, Education and Compliance
4. TDOC PREA Self Declaration Form
5. TDOC PREA Questionnaire for Prior Institution Employees
6. Hiring and Promotional Records
7. Criminal History Background Records Check Documentation (Debra reviewed 10)
8. Interviews with:
 - a. PREA Coordinator
 - b. Administrative (Human Resources) Staff

115.17(a) TDOC Index 301.04 states all applicants for employment or promotions, all contract employees, and all volunteers who may have any contact with inmates shall sign PREA Self-Declaration of Sexual Abuse/Sexual Harassment, CR-3819 to ensure compliance with PREA Standards which states that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. The Human Resource Supervisor indicated the facility conducts the background checks on all new applicants prior to hiring. Human resources staff verified that the agency prohibits the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision. Seventy-Six new employees were hired at NECX during the review period. Records indicated applicants are required to complete a Self-Declaration questionnaire regarding all the elements of this standard. Eleven personal files were randomly selected for review and confirmed the completion of background checks prior to their employment at the facility.

115.17(b) TDOC Index 301.04 states, “The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.” Human resources staff reported that incidents of sexual harassment are considered during the application, interview, background investigation, and orientation processes. Human resources staff indicated this also true for contactors. There were 76 new hires during the review period and 11 were randomly selected for background checks in addition to 10 staff promoted were reviewed for Self-Declaration of Sexual Abuse/Sexual Harassment. Records indicate that applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment.

115.17(c) TDOC Index 301.04 indicates that a NCIC criminal history record check shall be conducted on all prospective departmental, contract, and TRICOR employees. HRD staff will make efforts to contact all prior institutional employers of new employees utilizing the CR-3962 PREA Questionnaire for Prior Institution Employers. The auditors’ review of 11 new applicants’ personnel files of that

confirmed a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers. An interview with human resource staff indicated they also contact the applicant's former employer for those in charge of individuals at day care centers, retirement homes, and convalescent centers.

115.17(d) TDOC Index 301.04 states before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor's employees who may have contact with an inmate." Per an interview with a Human Resource Supervisor, she indicated background checks for contract workers are completed in the same manner as TDOC applicants. The information collected goes directly to the Tennessee Bureau of Investigation and possibly the Federal Bureau of Investigations (FBI). The HRM conducts the NCIC on the contractors and have access to the fingerprint results.

115.17(e) TDOC Index 301.04 indicates that each subordinate employee and contractor service provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check annually during the employee's birth month. This was confirmed during an interview with human resource staff, as a background check is conducted through the TAPS and the results are returned the human resource department. The contract staff packet is completed with the contract staff signing the Self-Declaration PREA Form and approval for an annual background check to be completed. Contract staff annual background checks are conducted during the month of June and/or July.

115.17(g) TDOC Index 301.04 indicates that a material omission regarding conduct described in this directive or providing materially false information may result in disqualification from further consideration for employment and shall be grounds for termination of employment. Additionally, the Self-Declaration Application Form states I hereby certify that to the best of my knowledge and belief, all the information I provide in this form is true, complete, and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered later."

115.17(h) TDOC Index 301.04 states that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute. Interviews human resource staff confirmed the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work upon receiving a question are from another correctional facility. The questionnaire is forward to the facility investigator for completion. Upon completion, the questionnaire is returned to the inquiring facility by the HRM. The staff member seeking employment must give prior approval before the questionnaire can be forward for inquiry of their previous employment. A PREA Questionnaire for Prior Institution Employers were reviewed that notes the inquiry of prior sexual abuse/sexual harassment allegations and the signature of the applicant acknowledging the release of information.

Based on the review of policies, documentation, interviews and analysis, the facility has demonstrated they exceed in the requirement to conduct background investigation at least every 5 years. Specifically, TDOC policy require and the facility ensures a background check is completed every year on all staff

during their birth month. Additionally, on a yearly basis each staff member is required to sign a new Self Declaration form.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (documents, interviews, site review):

NECX Completed Pre-Audit Questionnaire (PAQ)

Interviews with:

Agency Head

Warden

115.18(a) TDOC Index 108.01 states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect inmates from sexual abuse. The Warden explained when planning substantial modifications to facilities the agency considers PREA requirements to relevant blind spots in building plans. There were no substantial expansion or modification of the existing facility at NECX since the previous PREA audit March 2018.

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

115.18 (b) An interview with the Warden indicated there has not been any cameras added since the previous PREA audit. However, all TDOC have been approved for camera upgrade.

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

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (b)

- 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 No NA
- 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 No NA

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Office of Investigation and Compliance Evidence Protocol
3. TDOC Index 502.06.3 Medical, Behavior Health, Victim Advocacy and Community Support Services for PREA Victims
4. TDOC Index 502.06.2-1 PREA Allegations, Investigation and Sexual Abuse Response Team (SART)
5. NECX Index 502.06.2-1 PREA (SART)
6. MOU with Sexual Assault Center of East Tennessee

7. Interviews with:

- a. Johnson City Medical Center Emergency Room Charge Nurse
- b. NECX Facility Victim Advocate
- c. Victim Advocate at Sexual Assault Center of East Tennessee
- d. Warden
- e. OIC Special Agent in Charge and Institution Investigator

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

115.21(b) TDOC has developed an appropriate protocol to coordinate appropriately with the most recent edition on the U.S. Department of Justice’s Office on Violence Against Women Publication. The TDOC Operation Protocol was revised on July 27, 2019. The Notification and Response Procedure identify the following: (1) It shall be the protocol of the Investigations Unit to appropriately respond to incidents and/or allegations of sexual abuse which occur on TDOC institutional property. When notification is made in a timely manner, Agents will respond as the situation mandates to the site of examination for the purpose of evidence collection and preservation. The Department’s response to sexual assault follows the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” dated April 2013, or the most current version. (2) Upon notification of alleged sexual abuse within any TDOC institution, the institution shall

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

115.21 (c) TDOC 502.06.3 indicate upon receiving a report of an alleged sexual abuse within the 72-hour time frame members SART that includes medical staff and the OIC institution Investigator shall determine if SAFE/SANE response is indicated at an outside medical facility. If the services of an outside medical facility are determined to be warranted, the victim shall be transported by security to an outside medical facility with SAFE/SANE personnel for a forensic examination at no cost to the victim. Upon receiving a report to an alleged sexual abuse outside of the 72-hour time frame, SART members shall determine if SAFE/SANE response is indicated at an outside medical facility with SAFE/SANE personnel. The alleged victim shall be transported only to medical facilities trained and equipped with SANE personnel. If SAFE/SANE personnel cannot be made available, the forensic examination can be performed by other qualified medical practitioners. The medical member of the SART shall document the efforts to provide SANE services. Interviews with the NECX PCM, medical staff and mental health staff each confirmed NECX is scheduled to utilize the local Johnson City Medical Center for all forensic examinations. One inmate was transported for a forensic medical examination during the review period for a forensic medical examination in which it was completed. The inmate later acknowledged he had he falsely accused his cellmate and the sexual activity was consensual. This information was documented in the investigative casefile. An interview was conducted staff identified as the Head of Behavior Health and SANE at Johnson City Medical Center, but the staff member was unable to be reached after numerous attempts. Therefore, the auditor conducted an interview with the Emergency Room Charge Nurse who confirmed a SANE nurse and Victim Advocate would be provided to an inmate upon his arrival to the emergency room. A review of an investigative case when an inmate reported to the medical center confirmed a SANE nurse would be provided to conduct the medical forensic examination.

115.21(d) TDOC established a Memorandum of Understanding (MOU) with The Sexual Assault Center of East Tennessee dated on April 17, 2015, that remains in effect. The MOU agrees (1) involvement of trained sexual assault advocates is a component of the standard response to a report to sexual assault and /or a request for help from a survivor of sexual assault. (2) Provide for logistical needs, such as a private meeting space for counseling sessions and security clearance for designated Sexual Avalon Center staff. (3) Respect the nature of privileged communication between the sexual assault advocate and client. (4) Facilitate follow-up and ongoing contact between the client and sexual assault advocate without regard to the presence of status of an investigation. The Sexual Assault Center of East Tennessee agrees to maintain confidentiality of survivors of sexual violence who are incarcerated at Middle Tennessee TDOC Institutions, maintain available crisis counseling through organization's crisis hotline at any time 24-hours a day, and maintain confidentiality as identified by the Sexual Assault Center Victim Advocate

confirmed during the phone interview. He stated services provided to the inmates would be that of an emotional support, someone to listen to the inmate as needed/requested. They do not report to the hospital to assist the inmate. The hospital is responsible for providing a SANE/SAFE and ensuring a victim is available to the inmate. A mental health services provider is a Licensed Professional Counselor and serve as a Victim Advocate for the facility.

115.21 (e, f, h) TDOC Index 502.06.3 indicates a PREA victim advocate shall be made available to the alleged victim, when requested, to accompany and support the victim through the forensic medical examination and the investigation process. A designated staff member (Licensed Professional Counselor) provided a copy of license and certificate of training was such. His license, certification, professional education, and training qualify him to serve as a victim advocate. Information identifying the facility's victim advocate is posted on all inmate bulletin boards and on departmental bulletin boards accessible to the staff and the inmate population. An interview with the facility's victim advocate indicated in addition to his role as victim advocate, he is the Behavior Health Administrator. Mental health staff are required to meet with all inmates who allege sexual abuse. However, as the victim advocate, he would personally meet the alleged inmate and continue with follow-up services as requested by the inmate. However, he has not been advised of a sexual abuse case during his 3-year tenure at the facility to include while serving as the victim advocate. TDOC Office of Investigations and Conduct is responsible for conducting all administrative and criminal investigations of sexual abuse.

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No

- Does the agency document all such referrals? Yes No

115.22 (c)

- 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

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

115.22(a) TDOC Index 502.06.2 states, “It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner. The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responders and Sexual Assault Response Team (SART), which includes medical and behavioral health practitioners, institutional investigator, and facility leadership. These investigations shall be conducted within 72 hours of receiving the allegation. Interviews with the OIC Institution Investigator and OIC Special Agent in Charge indicated normally the initial investigation begin on the same day of the reported allegation. The original audit review period was scheduled from December 1, 2019 – December 31, 2020. However, due to the rescheduled on-site visit on two occasions due to COVID-19, the auditor extended the review of reported PREA allegations from December 1, 2019, through February 1, 2021. The PAQ documented 8 PREA reported allegations with 1 referred for an administrative investigation, however this was incorrect. There were 7 PREA allegations were reported during the revised review period, and all were completed as administrative investigations. The reported allegations and investigative findings were identified as the following: 1 inmate-on-inmate sexual abuse – Unsubstituted; 1 inmate on inmate sexual abuse – Unfounded; 1 staff-on-inmate sexual abuse - Unsubstantial; 1 staff-on-inmate sexual abuse - Unfounded; 3 staff-on -inmate sexual harassment Unfounded. There were 0 Substantiated sexual abuse and/or sexual harassment investigative findings.

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

115.22(b) TDOC Index #502.06.02 and interviews with the Warden, OIC Institution Investigator and OIC Special Agent in Charge noted that all allegations of sexual abuse or sexual harassment are investigated by Investigators and Agents employed within the Tennessee Department of Corrections. The Special Agent Investigators has the legal authority to conduct all reported TDOC investigations to include sexual abuse regardless of whether the allegation involves potentially criminal behavior. The OIC Special Agent in Charge and OIC Institution Investigator confirmed when an OIC Institution Investigator determines there is a possibility of criminal charges within a reported allegation, the case is referred to the Office of Investigations and Conduct Special Agents for completion then referred to the State Assistant District Attorney for prosecution as applicable.

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

The auditor reviewed the TDOC website at www.TennesseeDepartmentofCorrections. TDOC included a section regarding investigation of sexual assault and sexual misconducts. The department is dedicated to

producing quality investigations of alleged sexual abuse incidents. All investigators receive specialized training specific to sexual assault in correctional institutions. The TDOC Law Enforcement Unit, in consultant with the department legal office, aggressively refer substantiated cases of sexual assault by offenders or employees to the local district attorney's office for criminal prosecution.

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

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- 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 No

- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)

2. TDOC Index 110.05 In-Service Training
3. TDOC Index 502.06 PREA Implementation, Education, and Compliance
4. TCA PREA Training Lesson Plans
5. PREA Training Documentation
6. Interviews with:
 - a. NECX PCM
 - b. NECX Training Specialist
 - c. Random staff

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

115.31 (b) (c) TDOC Index 502.06 states, “Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.” Training is designed for officers to be able to function in both female and male facilities. NECX houses male inmates; however, staff may transfer to any facility in the system. PREA training is part of the annual training curriculum. TDOC utilizes the TCA PREA lesson plans. This training is utilized during both pre-service and in-service and is tailored to both the male and female inmate population. The lesson plans cover the 10 topics specified in this provision. There were no staff identified as transferred from a facility that housed only female inmates to NECX where male inmates are housed. Therefore, no additional training was required. However, the training developed for the TDOC Academy Program Curriculum course code GEN-4-18 Lesson Title PREA Inmate Sexual Abuse/Assault was developed for both staff assigned to work with both male and female inmates.

A review of staff training records confirm staff completed the required PREA training. Random staff interviews (21) indicated in-service training is provided annually and PREA training is included. 100% of random staff interviewed reported that in-service training contains all the information required by this provision. Anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) would be required to make up any missed training by the required deadline. As of September 2019, seasoned staff are scheduled to complete in-service PREA training on-

line. New hires continue to complete PREA training during their orientation in Day 1 CORE Training. Those staff who do not have access to a computer and/or need to be relieved from your assigned duty post, are scheduled weekly for the computer lab. The auditor presented staff with a variety of scenarios during the interview process. The 21 staff selected for random interviews and all facility appointed specialized staff spoke with confidence and was very competent in their responses during their interview about their knowledge of PREA training.

115.31(c) (d) The Department shall provide each employee with refresher training annually to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. NECX PAQ indicates that 100% of staff have received PREA training. The auditor requested and received an LMS computer generated roster of all staff completion of PREA training. This computer-generated noted staff completion of PREA training to include for 2020 and 2021. This list also includes contract staff. In addition to the auditor receiving the Learning Management System (LMS) training, the Employee PREA Training Acknowledge Forms were also presented for staff confirming acknowledgement of training completed.

TDOC Index 502.06 states, "The TCA Department and facilities shall document, through employee signature or electronic verification that employees understand the training they have received using Employee PREA Training Acknowledgement, CR-3965. An interview with the Training Specialist, he confirmed on the staff 1st day of employment, they are shown the PREA video, and the instructor discusses the PREA policy that includes PREA policies, staff prohibited relationships with inmates, and inmate families/friends. The PREA slide show shown include the PREA definitions. He added due to COVID-19, staff attending the TDOC Academy. Staff from the Academy works at each facility in providing training to include all contact staff.

Annual in-service training is being conducted in group training sessions of no more than 9 staff due to COVID -19 to comply with TDOC policy of annual in-service. Security staff receive PREA training, search training on the same day they receive weapon training.

All new hires complete academy and facility training. All staff sign a roster or attending the days' training and a hardcopy is filed and documented within two electronic files.

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

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 No

115.32 (b)

- 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 No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. TDOC Volunteer Services Power Point Presentation
4. PREA Training records and Rosters
5. Interviews with:
 - a. NECX PCM
 - b. NECX Training Officer

d. Contractors

115.32 (a), (b) (c) TDOC Index 110.01 states that part-time employees, volunteers, contract staff and other transferring employees, part-time employee, volunteer, contract staff and employees who are permanent transferring from one location to another shall receive a minimum of 20 hours of work site orientation appropriate to their assignment. The TCA Curriculum for PREA will be used. TDOC Index 502.06 states each facility shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under TDOC's sexual abuse and sexual prevention, detection and response policies and procedures. Volunteers shall receive their PREA training in accordance with Policy #115.1. Training acknowledgement, on CR-3965, noting that they understand the training received. Volunteers and contractors who have minimal inmate contact receive the pre-service training. Per the PAQ, NECX has 84 contract staff consisting of 59 - medical, 13 - mental health, 10 - Aramark and 3- TRICOR. All contract staff attend PREA training that is documented by the TDOC Training Specialist.

115.32(c) Each volunteer and contractor receive their training at the facility. Training acknowledgement for volunteers and contractors is documented through signature on CR-3965 noting that they understand the training received.

An interview with the Training Specialist, he confirmed on the staff 1st day of employment, they are shown the PREA video, and the instructor discusses the PREA policy that includes PREA policies, staff prohibited relationships with inmates, and inmate families/friends. The PREA slide show shown include the PREA definitions. He added due to COVID-19, staff attending the TDOC Academy. Staff from the Academy works at each facility in providing training to include all contact staff.

Annual in-service training is being conducted in group training sessions of no more than 9 staff due to COVID -19 to comply with TDOC policy of annual in-service. Security staff receive PREA training, search training on the same day they receive weapon training.

All new hires complete academy and facility training. All staff sign a roster or attending the days' training and a hardcopy is filed and documented within two electronic files.

Interviews with contract staff confirmed they attend the Non-Academy Pre-service Orientation training for new employees and attend annual in-service training with TDOC staff in Day 1 CORE Training and annual in-service PREA training.

The auditor requested and received a Learning Management System (LMS) computer generated roster of all staff completion of PREA training as the LMS include training for medical and mental health contract staff in addition to TDOC staff. This computer-generated list noted NECX staff completion of PREA training doing 2020 and 2021. NECX continued conducting in-service training throughout the effects of COVID-19. In addition to the auditor receiving the LMS training, the Employee PREA Training Acknowledge Forms were presented for all contract staff.

Chaplain provides PREA training quarterly to the volunteers. The volunteers are only required to attend once per year. A copy of the TDOC Volunteer Services Lesson power point presentation was provided to auditor for review that included a session of PREA. Because of COVID-19, volunteers have not been allowed into any TDOC facilities since March 2020. Rosters of completed PREA training by volunteers to include the Volunteer Confidentiality and Policy Agreement Training Certification and in-service

training rosters of attendance for 20 volunteers were made available for review by the auditor. As of the post-audit, volunteers have not returned to the facility.

The auditor reviewed a sample of documentation which indicated contractors and volunteers received training based on the services they provide and level of contact they have with inmates.

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

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- 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 No
- 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 No
- 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 No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. TDOC Index 103.10.1 LEP Policy
4. PREA Hotline signs (English and Spanish)

5. NECX Inmate handbook
6. PREA Sexual Assault Awareness Brochure (English and Spanish)
7. Inmate TDOC Orientation Acknowledgement Forms
8. Observation on site
9. Interviews with:
 - a. NECX PCM
 - b. Intake Staff
 - d. Random inmates

115.33(a)(b) (c) TDOC Index 502.06 states that all inmates entering the TDOC system shall receive verbal and written information concerning sexual abuse within 24 hours of intake. Each facility shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. An interview with Intake Staff identified upon the inmates' arrival after completing the visual search and 72-hour risk assessments, he initiates an overview of PREA education to them. The intake staff provides each inmate a facility inmate handbook discusses the orientation sheet with them, issue all a PREA pamphlet and present the PREA video for their viewing. The TDOC inmate handbook provides information on the agency's zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment. He continued in stating, the information provided to new arrivals, explains the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Staff identified and it was confirmed through observation that PREA posters are located in the intake area that notes the agency's zero tolerance of sexual abuse and sexual harassment and various methods of reporting such actions. The inmate acknowledges receipt of observing the PREA video, the inmate handbook and other PREA education via signing the TDOC Orientation Acknowledged form. All PREA information is available in both English and Spanish.

Per the PAQ and NECX PCM, 658 inmates were admitted to the facility during the 12-month review period. There were 72 inmates whose length of stay in the facility was for 72 hours or more and 633 whose length of stay was longer than 30 days during the review period. An interview with Intake Staff confirmed the inmates receive a handbook and are shown the PREA video titled "PREA: What You Need to Know." The inmates are required to sign for the receipt of the education received which is noted on the inmate orientation acknowledgement form. The 44 random selected and 10 informal inmates interviewed indicated they received PREA education through at a minimum in one of the following matters: facility inmate handbook, observed the PREA video, and/or PREA pamphlet upon their arrival and/or during orientation. The inmates also mentioned the PREA information that is posted on the bulletin boards and signage on the walls, and on every telephone providing them with PREA information and how to report PREA allegations. The auditor randomly selected confirmation of 50 inmates who arrived during the review period PREA training. The files were selected for the purpose of evaluating intake records. The review of inmate file documentation indicated that inmates received the handbook at intake on the day of arrival.

115.33 (d) (e) TDOC Index 103.10 states that inmates will be provided orientation information in formats accessible for all inmates. Inmates are provided with a Sexual Abuse Brochure in both English and Spanish. A 16 minutes PREA video titled “PREA: What You Need to Know” is played in the intake area upon the inmate’s admission. Inmates sign the Orientation Acknowledgement indicating that they understand the information provided. Overall inmates reported having received comprehensive orientation was completed on their day of arrival. TDOC Index 103.10 and TDOC Index 502.06 states, “The Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Interpreter services are available and documented in Contact Note LCDG. Random file reviews indicated that inmates sign the TDOC Orientation Acknowledge forms acknowledging receipt of the intake information and participation in comprehensive orientation. This information is maintained in the inmates’ file and is also documented in the E-TOMIS for each inmate. This information is shared with the inmate population on their day of arrival during the intake process. All inmates interviewed acknowledged receipt of PREA education upon arrival through observance of the PREA video, handbook, and continuous PREA education on bulletin boards throughout the facility and on the inmate telephones. A review of 50 inmate files documentation indicates that 100% received comprehensive orientation upon arrival.

115.33(f) PREA information was observed to be continuously and readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal copies of PREA brochures and the inmate handbook.

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

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 No NA

115.34 (b)

- 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 No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

- 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 No NA

- 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 No NA

115.34 (c)

- 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 No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigation, and SART

3. TDOC Index 107.01 Office of Investigation and Compliance Unit Authority, Responsibility, Personnel Selection and Training

4. Documentation of Specialized Training for Agency Investigators

5. Interviews with:

a. OIC Institution Investigator and OIC Special Agent

115.34(a) TDOC 107.01 states: All newly selected OIC Special Agents will attend and successfully complete at a minimum, an accredited law enforcement academy (e.g., Tennessee Correction Academy, Tennessee Bureau of Investigation, Memphis Police Academy, Walter State Community College, etc.) by Tennessee Police Academy, Tennessee Bureau of Investigation and the online PREA training titled: Conducting Sexual Abuse Investigations in a Confinement Setting through the National Correction Institution (NIC). As identified by the OIC Special Agent in Charge, OIC Special Agents are responsible for conducting PREA investigations that may include criminal charges. Copies of completed training was provided for review. An interview was conducted with the OIC Special Agent in Charge for the NECX Region who supervises the OIC Special Agents within the Region. He stated he and other OIC Special Agents are required and have previously completed training provided by Tennessee Police Academy, Tennessee Bureau of Investigation and the online PREA training titled: Conducting Sexual Abuse Investigations in a Confinement Setting through the National Correction Institution (NIC). As identified by the OIC Special Agent in Charge, OIC Special Agents are responsible for conducting PREA investigations that may include criminal charges. He added he has extensive experience in conducting sexual abuse investigations within the federal government. Upon receiving a sexual abuse case, he carefully reviews it for possible criminal charges and if so, he immediately refers the cases for prosecution.

NECX has an OIC Institution Investigator who conducts administrative investigations. The OIC Special Agents conducts all criminal investigations. The OIC Institution Investigator assigned at NECX have completed the National Institution of Corrections Training title “Conducting Sexual Abuse Investigations in a Confined Setting” that certifies them to conduct administrative investigations to include sexual abuse and/or sexual harassment. Certificates of completion were provided for review. Information covered during investigator training included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. An interview with the designated NECX OIC Institution Investigator and review of the 7 completed administrative PREA casefiles confirmed these investigations was completed by staff who have at a minimum completed the required training to conduct the administrative PREA investigations.

115.34(b) An interview with the OIC Special Agent in Charge indicated the specialized training for the OIC Special Agents is mandatory and is through the Tennessee Police Training Academy, Tennessee Bureau of Investigations, and the Tennessee Law Enforcement Academy. The lesson plan is intended for use with Department personnel assigned to investigate an allegation of misconduct that involves a sex related offense. This training gives participants information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act standards. Training includes the definition, purpose, history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations. The OIC Institution

Investigator also identified the inclusion of this provision in the Conducting Sexual Abuse in a Confinement Setting training presented through the NIC.

The State -wide PREA Coordinator provided PREA Investigation Training by utilization of a Power Point to all TDOC staff assigned the following position: OIC Special Agents, TDOC Institutional Investigators, TDOC Associate Wardens of Treatment/Deputy Superintendent, TDOC PREA Compliance Managers, Core Civic Associate Warden of Treatment, and Core Civic Investigators. The training consisted of an 18-slide presentation that discussed the role of the investigator and provided numerous scenarios as table-top activities for discussion on conducting thorough PREA investigations and the determining findings of the scenarios. The training also allows less experienced investigators the opportunity to interact and gather knowledge from more experience investigators. The formation of investigative files was also a topic during the training. In addition to the investigators receipt of the training, the Associate Wardens of Treatment gained knowledge of the PREA investigative method as some had not received training and/or experience in the review of PREA investigations in their prior roles. The State-wide PREA Coordinator also serve as the Monitoring Agent for Core Civic. To be consistent with TDOC policies regarding PREA investigations, it was beneficial to the agency to include the Core Civic investigators and Core Civic Associate Wardens of Treatment in the training for a clear understanding of the standard, consistency in conducting PREA investigations and the maintenance of the investigative files.

115.34(c) The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The auditor reviewed training records and certification of the OIC Special Agent and OIC Institution Investigator completed specialized training for conducting sexual abuse investigations in a confined setting.

Based on the review of training lesson plans, training records, interviews, and analysis, the facility has demonstrated a level of exceeding in the compliance with all the provisions of this standard. The facility is beyond the standard requirement of specialize training for investigators of sexual abuse allegations performed by the facility, Tennessee Bureau of Investigations, Tennessee Police Academy, NIC on-line courses, and special session conducted by the State-wide PREA Coordinator, NECX exceeds in the provisions of this standard. The inclusion of the Associates Wardens and Core Civic personnel in the investigative training strength their knowledge and understanding of the investigative process and review of case files.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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 No NA

- 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 No NA
- 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 No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

- 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.) Yes No NA

115.35 (c)

- 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 No NA

115.35 (d)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

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

115.35(a) TDOC Index 502.06 states all full and part-time medical and mental health care practitioners who work regularly in the facility shall be trained in: how to prevent, detect, and respond to acts of sexual abuse or sexual harassment. Medical and mental health staff are contract employees who must complete the agency's PREA training and medical and mental health specialized training received from designated supervisory instructor contract staff within the department. The policy states all full and part-time medical and mental health care practitioner who work regularly in the facility shall be trained in : (a) How to detect and assess signs of sexual abuse and sexual harassment; (b) How to preserve physical evidence of sexual abuse; (c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (d) How and to who report allegations or suspicions of sexual abuse and sexual harassment; (e) This training shall be documented on the TDOC training Roster, CR-2245, and copies provided to the facility training specialist. Medical and mental health utilized the Instructor's Curriculum Guide and Lesson Plans September 2013 Specialized Training PREA Medical, and Mental Care Standards presented by the National PREA Resource Center to meet the provisions of this standard. for training. A copy of the 100 pages lesson plan was presented for review by the auditor. This information covers four modules (1) Detecting and Assessing Signs of Sexual Abuse and Sexual Harassment; Module 2: Reporting: Module Effective and Professional Responses; Module 4 – The Medical Forensic Examination and Evidence Preservation. The staff are given a post after training that is divided into the 4 modules.

115.35(b) The agency nor the facility conducts forensic medical exams. All forensic examinations are performed off-site at a local medical facility, Johnson City Medical Center, Johnson City, TN.

115.35(c) (d) The auditor reviewed training records showing medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31. Per the NECX Training Specialist, all medical and mental health staff are required as other TDOC staff to attend and pass the TDOC PREA training. NECX has 59 contract medical staff, and 12 mental health contract (1 TDOC). Course documentation is also maintained by the NECX Training Specialist in the Learning Management System (LMS) and by the Medical and Mental Health rating supervisor. The NECX Health Services Administrator stated staff within the department received specialized training through a co-worker, the Continuous Quality Improvement Nurse who provides training to both medical and mental health staff. Training is required upon hiring and again annually. As stated by both medical and mental health supervisors, staff complete PREA training through the LMS as other TDOC staff. The auditor randomly confirmed 25 medical and mental staff specialized training that confirmed completed by signature.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 No
- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- 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 No
- 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 No
- 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 No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- 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 No

115.41 (h)

- 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 No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.41(a) TDOC Index 502.06.1 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the TDOC to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. The agency uses the PREA Screening System Application located on the TDOC intranet to assess an inmate's risk of sexual victimization and risk of sexually abusing other inmates. A random sample of 50 inmate PREA Screening System forms was selected for review. 100% of the sample was screened using the PREA Screening form. The initial risk screening assessment is completed upon arrival to NECX by the intake staff. Due to the global pandemic of COVID -19, less than the normal number of inmates have arrived at the facility between March 2020 and September 2020. There was no incoming inmate traffic during the onsite visit for observation of the intake and/or screening for risk of victimization and abusiveness by the intake counselor. However, the intake staff explained the process of how inmates are screen for the 72-hour PREA risk assessment upon their arrival. Interviews with the Intake Staff and unit management staff indicate the PREA Screening System is utilized to conduct screening for the risk of sexual victimization and abusiveness. Overall inmates interviewed reported being asked questions related to the PREA Screening System form.

NECX goes beyond the requirement of this standard in the performance of risk screening for victimization and abusiveness of the inmate population. Every inmate who departed the facility for an outside medical trip and/or court appearance who return on the following day after departure receive a new screening for risk of victimization and abusiveness. An example is if an inmate departed the facility on February 5, 2021, at 10:00 a. m., to a local medical facility and return to the facility on February 6, 2021, at 12:01 a.m., staff will perform a new screening for risk of victimization and abusiveness. The State-wide PREA Coordinator explained this procedure was put in place to offer an additional safety measure for the inmate population while allowing the inmate to report any concerns or occurrences of sexual abuse and/or sexual harassment while away from the facility.

115.41(b) TDOC Index 502.06.1 directs that classification or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application within 72 hours of arrival at a facility. The PAQ indicated that 658 inmates had been admitted with a stay longer than 72 hours. A review of 50 inmates risk screening revealed all were screened with 72 hours of their arrival. Specifically, the PREA Intake Screening forms reviewed indicated they were conducted on the day of the inmate arrival at NECX.

115.41(c) (d) TDOC Index 502.06.1 requires authorized users to utilize the PREA Screening System Application located on the TDOC intranet. User security access to this system is authorized by the Associate Warden of Treatment. The PREA Screening System Application form is the agency-approved standardized screening instrument. The PREA Screening form assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers the 10 separate inmate risk of victimization factors and risk of abusiveness factors noted in this provision. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the inmate record. The PREA Screening System Application does not consider whether the inmate is detained solely for civil immigration purposes. However, interviews with the NECX PCM and review of documentation indicates that the TDOC does not house inmates solely for civil immigration purposes.

115.41(e) The PREA Screening System Application factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Screening System Application revealed that it does consider all the criteria required by this provision. An interview with a Counselors assigned to conduct risk screening indicated they generally ask the inmate the questions while within a conversation that create a better line of communication with the inmate.

115.41(f) TDOC Index 502.06.1 requires unit management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility using the PREA Screening Application. The PAQ and NECX PCM indicated that NECX admitted 633 inmates whose stay was longer than 30 days. Staff who perform risk screening re-assessments indicated that re-assessments are conducted within 30 days of arrival at the facility. The staff who conduct risk screening indicated counselors assigned to each of the housing units conducts the 30-day follow-up re-assessments for inmates assigned to their unit. An interview with staff assigned to conduct the 30-day reassessments identified the set period for conducting the reassessment are conducted are normally after 14 days of the inmate arrival but always before the 30th day. The risk screenings are conducted in a private area in the housing units where the inmate is screened by their assigned Counselor. Per interviews with the Chief Counselor and NECX PCM each maintain a transport roster to monitor incoming inmates and their required 30-day reassessments. Staff are authorized to conduct the inmate's reassessment at the 14th day upon arrival and not later than 30 days after arrival. A random sample of 50 inmate PREA Screening Application forms was reviewed for compliance with the reassessment being completed within 30 days of arrival.

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

115.41(h) TDOC Index 502.06.1 states inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed reported an inmate is not disciplined for refusing to respond or for not disclosing complete information and stated most inmates are cooperative and provide responses. During inmate interviews, no inmate reported being disciplined for refusing to answer PREA risk screening questions.

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

Additionally, count room staff's access to E-TOMIS does not include viewing of the inmate's responses to the assessment but only allow their viewing of the inmate scoring.

The practice of staff performing an additional screening for risk of victimization and/or abusiveness for all inmates who depart the facility and their return to the facility the following day as an additional safety measure for the inmate population exceeds the provisions of this standard.

Per an interview with the State-wide PREA Coordinator, a weekly report "Monitoring Due Report" is automatically forward to each TDOC institution via E-TOMIS that is automatically generated to the NECX PCM, Associate Warden (T), Chief Counselor and himself. The monitoring of victims and aggressors are conducted every 90 days for a minimum of 12 months, and each require approval by the State-wide PREA Coordinator for removal. The victim may request removal prior to 12 months of completion however, this option of removal from monitoring is not available to an aggressor. Negative conduct, additional sexual abuse allegations are some of the circumstances that may prolong an aggressor monitoring to extend beyond 12 months.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- 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 No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- 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 No

115.42 (e)

- 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 No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- 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 No NA
- 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 No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes
 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.14 Housing Assignments
3. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring
4. TDOC Index 113.37 Gender Dysphoria
5. TDOC Index 112.08 Personal Hygiene Resources for Inmates

Interviews with:

- a. Agency Head Designee
- b. NECX PCM
- c. Counselors assigned to conduct risk screening.
- d. Inmates identified as Transgender.
- e. Staff who conduct risk screening
- f. Job Coordinator

115.42(a) TDOC Index 502.06.1 states, "Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and identifies as a sexual aggressor or prior sexual victims are under the supervision the unit management/Associate Warden/Deputy Superintendent/Designee. Housing, cell assignments, work, education, and program assignments shall be made with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. The facility does not house victims and abusers together. Staff who perform

screening reported inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. When the Job Coordinator attempt to assign inmates' job or staff attempt to assign inmate who are incompatible, they receive notification that they are incompatible and the E-TOMIS system will not allow the inmate to assigned to jobs and/or cell assignment together. Additionally, per the NECX PCM, staff does not house inmates identified prior victims and those identified as prior aggressors are not assigned together in housing and/or job assignments. The auditor requested a bed assignment roster of **all** inmates housed at NECX identified as a prior victim, prior aggressor and or both for review. The roster identified 47 inmates scored as a prior aggressor, 9 inmates were scored as a prior victim and 4 were scored as both. Inmate identified within either one of these categories were not assigned cells with inmates within the other.

115.42(b) TDOC Index 502.06.1 Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims are the responsibility of the unit management team. This information is strictly need-to-know basis and housing, cell assignments, work, education and program assignments shall be made with a goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. If behavioral health intervention is indicated, a referral shall be made I accordance with Policy #113.82, utilizing Institutional Health Services Referral, CR-3431. No inmate will be double celled until the required screening has been completed. Inmates who are deemed sexual aggressors or sexual victims will be appropriately housed until assessed by behavioral health professionals or classification. Once an inmate is identified as a Sexual Aggressor or Sexual Victim at any time during his/her incarceration, the inmate shall be evaluated for appropriate housing and programs.

115.42(c) TDOC Index 502.06.1 states decisions to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments are made on a case-by-case basis. TDOC Index 113.37 states Facility and housing assignments hall be made on a case-by-case basis and documented on pages 1 and 2 of the PREA Housing and Program Review, CR-4086, considering the patient' health and safety, as well as potential management and security concerns. An inmates' own views regarding safety shall be solicited and considered. Inmates who have completed surgical sexual reassignment therapy prior to incarceration shall be placed in a correctional facility as determined by the Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Accommodation Review Committee. For the purposes for facility placement, self-inflicted genital mutilation does not constitute surgical sexual reassignment therapy and does not qualify an inmate for placement in a facility for opposite-gender inmates.

115.42(d) (e) TDOC Index 502.06.1 indicates that placement for inmates identified as transgender or intersex shall be considered on a case-by-case basis. Theses identified inmates shall be reclassified every six months by the assigned counselor to review any threats to safety experienced by the inmate. The inmate's own views with respect to his safety shall be given serious consideration. Interviews with counselors who conduct risk screening stated the transgender inmates are reclassified bi-annually on a case-by-case and address any concerns they may have. Interviews with the 3 transgender inmates housed at NECX during the on-site confirmed they meet with their counselor every 6 months for reclassification where they are asked about any safety concerns they may have. The transgender inmates acknowledged that staff at NECX takes PREA very seriously and there are no problems the staff will does not

immediately address. Each stated within an hour of reporting an issue to staff, it is no longer an issue as it has been addressed.

The auditor requested the bi-annual reviews of the 3 transgenders housed at NECX during the on-site visit. A review of their reclassification was documented in the eTomis and were noted in accordance with the agency's policy TDOC index 502.06.1 and the provision of the standard.

115.42(f) TDOC Index 502.06.1 indicates that a transgender or intersex inmate's own view with respect to personal safety shall be seriously considered. The Counselors who perform risk assessment indicated stated they were unaware of an inmate identified as intersex ever being designated at NECX. However, inmates identified as such to include transgender would be allowed to shower separate and at a different time from other inmates in the housing unit if they requested but they unaware of them requesting to shower alone. Interviews with 3 transgender inmates confirmed they have not requested to shower at separate times from other inmates. Each stated the showers are in individual stalls that are separated by walls and have appropriate shower curtains that allow privacy, so a separate time has not been requested. There were zero inmates designated at NECX identified as intersex.

115.42(g) TDOC Index 113.37 Gender Dysphoria states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely based on such identification or status. A review of the housing assignment rosters and interviews with the 3 transgender inmates at NECX during the on -site confirmed they are not and have not been placed in the same housing unit. Per an interview with the NECX PREA Coordinator inmates identified as gay, bisexual, transgender, or intersex would not be placed in dedicated housing units. NECX is a male facility and does not house female inmate (lesbian). TDOC and/nor NECX are not pursuant to a consent decree, legal settlement, or legal judgement in the housing of inmates.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 No
- 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 No

115.43 (b)

- 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 No

- 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 No
- 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 No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes 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 No NA
- If the facility restricts any 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 No NA
- If the facility restricts any 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 No NA

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No
- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC Index 502.06.1 PREA Screening, Classification, and Monitoring
4. TDOC Index 113.37 Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Conditions
5. Interviews with:
 - a. Warden
 - b. Staff who supervise segregation
 - c. Screening Staff

115.43(a) TDOC Index 502.06.2 states any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements set forth in this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241 shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged. This housing assignment shall not ordinarily exceed a period of 30 days. The PAQ noted that there have been zero inmates held in involuntary segregated housing in the past 12 months. An interview with the Warden revealed, he was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing, but this practice is not applicable to NECX. The facility does not use involuntary segregated housing for inmates determined to be at a high risk of victimization. An interview with staff who supervise inmates in segregated housing also confirmed the facility does not use involuntary segregated housing for inmates who are identified at a high risk of victimization. Alternate housing arrangements would be made. Per staff who supervise segregation and the Warden if the alleged aggressor is known, the aggressor would be placed in segregation pending the investigation and transferred to another housing or another institution if needed.

115.43(b) TDOC Index 502.06.2 states that inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what

opportunities have been limited, the duration of the limitation, and the reasons for such limitations. This shall be documented on LCDG Contact Notes. An interview with staff who supervise inmates in segregated housing indicated no restriction are imposed on inmates. The inmate would have access to education (GED program), legal aid, minimum of 1 hour outside recreation in covered and secured recreation areas with telephone access.

115.43(c) The PAQ noted that no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The Warden indicated involuntary segregated housing is not used for inmates at high risk for sexual victimization unless the victim cannot identify the aggressor. Staff utilize other methods to include making alternate housing arrangements within other housing units.

115.43(d) An interview with the Warden dedicated the facility has not utilized involuntary segregated housing for inmates who are determined to be at a high risk of victimization and this process has not been utilized during the 12-month review period. However, policy does provide guidance in TDOC Index 502.06.2 which states if an extension is necessary, the SART member shall clearly document in the PREA Allegation System application the basis for concern for the inmate's safety; the reason why no alternative means of separation can be arranged; and the need for emotional support services for inmates or staff who fear retaliation for reporting sexual abuse, or sexual harassment, or for cooperation with investigations. However, if the victim cannot identify the aggressor for the alleged victim safety, he would have to be housed in involuntary segregation for no more than 7 days and/or the completion of the investigation.

115.43(e) TDOC Index 502.06.2 states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. In an interview with the Warden, he was aware of the requirement for 30 days reviews, however, the facility would not utilize involuntary segregated housing for an inmate who has been identified at a high risk for sexual victimization if the aggressor can be identified. Interviews with staff assigned to supervise segregation indicated the alleged victim would remain on the compound and the alleged abuser would be placed in segregated housing pending an investigation. There were no inmates placed in involuntary segregation based on being identified at a high risk of victimization.

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

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No

- 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 No
- 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 No

115.51 (b)

- 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 No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- 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) Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

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

115.51(a) TDOC Index 502.06.2 states the Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. These include but are not limited to: (a) written communication (includes electronic documents); (b) Reporting directly to staff (Verbally); (c) Third-party reporting; or (d) Facility PREA Tip Line. NECX distributes a PREA Fact Sheet at Intake to all inmates which outlines the multiple ways an inmate may report an allegation of sexual abuse or harassment. The Inmate Handbook and posters contain information on how to report sexual assault. Formal and informal inmate interviews indicated all inmates were aware of the available reporting options. They indicated there is signage on walls for the calling the PREA Hotline as the most common response. Random staff interviews indicate all staff were aware of the internal and external reporting options available to the inmates and themselves.

115.51(b) TDOC Index 502.06.2 indicate TDOC and NECX allow inmates to make a report of sexual abuse or sexual harassment to an outside governmental entity that is not affiliated with the agency or that is operationally independent from agency leadership. This information is made available through the Inmate Handbook and inmate bulletin boards throughout the facility.

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

115.51(c) TDOC Index 502.06.2 indicates all staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, even if not part of TDOC. Inmates also have access to a toll-free hotline number which will refer any reports for investigation. The 44 random formal interviews and 10 informal interviews were able to identify the two PREA hotline numbers to the auditor as *9222 internal and *9555 for external reporting. Each indicated the hotline numbers were posted throughout the facility and

on each inmate telephone. Inmate interviews indicated they were aware they could report sexual abuse or sexual harassment either verbally, in writing, anonymously or via third parties. All random staff reported inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated they would document verbal reports of sexual abuse or sexual harassment immediately and definitely prior to the end of their shift.

115.51(d) TDOC Index 502.06.2 indicates that staff may privately report sexual abuse and sexual harassment of inmates to the Central Office PREA Tip Line (*9555). Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline and notifying a supervisor as the primary methods to make a private report of sexual abuse or sexual harassment. The auditor noted all staff carry a PREA Refresher Card attached to their ID Badge.

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

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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 No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No 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.)
 Yes No 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.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No 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.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No 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.)
 Yes No 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.) Yes No 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.)
 Yes No 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.) Yes No 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.) Yes No 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.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 501.01 Inmate Grievance Procedures
3. Inmate Rules and Regulations Handbook
4. Interviews with:
 - a. NECX PCM
 - b. OIC Institution Investigator

c. Grievance Sergeant

115.52(a) TDOC Index 501.01 indicates the agency has an administrative remedy program that may be used to file an allegation of sexual harassment or sexual abuse. It states an inmate may submit a grievance alleging sexual abuse at any time. Per the PAQ, and an interview with the NECX PCM identified there zero inmates submitted PREA allegations in the form of grievances during the review period. The documents were immediately forward to the Associate Warden of Treatment/Facility PREA Coordinator and OIC Institution Investigator for completion of an investigation.

The Grievance Sergeant stated if he receives a grievance that pertains to PREA he would immediately notify the Associate Warden (T) /Facility PREA Coordinator who would refer it to the OIC Institution Investigator, and an investigation would be conducted. He further stated he has not received a grievance regarding PREA during his tenure in the position as grievance sergeant almost 2 years.

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

115.52(b) TDOC Index 501.01 states applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse. All reported allegations of sexual abuse and/or sexual harassment are required to be logged in the PREA Allegation System (PAS) within 24 hours and the investigation is required to be completed within 72 hours. The inmate is notified of the findings of the investigation being completed within 3 days of reporting. A review of the 7 reported PREA allegations revealed none was reported/submitted through the grievance process.

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

115.52(d) TDOC Index 501.01 states a final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued by the Associate Warden of Treatment within 90 days of the initial filing of the grievance. Computation of the 90-day limit shall not include time used by inmates in preparing the grievance. The inmate shall be notified by the Associate Warden of Treatment if an extension is needed. At any level of the grievance if the inmate does not receive a response within the time allotted to reply, including any extension, the inmate may consider the absence of a response to be a denial at that level. No PREA allegations were reported through the grievance process.

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

115.52(f) TDOC Index 501.01 states after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the grievance chairperson shall immediately

forward the grievance to the Associate Warden of Treatment for any corrective action to be taken. The grievance chairperson will provide a response within 48 hours and a final decision within five calendar days. Per the PAQ, NECX PCM and review of the 7 PREA investigative casefiles, there were grievances to include emergency grievances alleging substantial risk of imminent sexual abuse filed during the review period. However, the initial response and final decision would be provided within the PREA Allegation System (PAS) and shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Per the NECX Grievance Sergeant all communication with an inmate who submit a PREA allegation are with through the OIC Institution Investigator. The OIC Investigator conducts the investigation, and he, Grievance Sergeant has no interaction with the inmate.

115.52(g) TDOC Index 501.01 states an inmate may be disciplined for filing a grievance related to alleged sexual abuse only when it is demonstrated that the inmate filed the grievance in bad faith. An interview with OIC Institution Investigator explained although policy allow disciplinary sanctions of inmates who file the grievance in bad faith, no inmates have received disciplinary actions for this action.

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

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

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- 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 No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

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

TDOC has established a Memorandum of Understanding (MOU) with the Sexual Assault Center of East Tennessee dated April 17, 2015 and remains in effect and provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. Language in the MOU documents the involvement of trained sexual assault advocates as a component of the standard response to a report to sexual assault and/or a request for help from a survivor of sexual assault. The MOU also agree to maintain confidentiality of survivors of sexual violence who are incarcerated in the facility while maintaining available crisis counseling through organization's crisis hotline at any time and/or 24 hours a day and counseling may take place in person or by telephone. Prior to accessing services, inmates are informed to the extent to which their communications will be monitored. Each inmate upon arrival to NECX is given a Rules and Regulations Handbook which outlines methods of reporting PREA allegations and staff responses to the report. The information is provided in English and Spanish. It states "NECX will provide multiple ways for inmates to report sexual abuse or harassment and identify the inmates to include the following: PREA Hotline telephone number (*9222); Tip Line for reporting any wrongdoing telephone (*9111); Sexual Abuse Crisis Line (*9555). Also listed are the following public help lines: National Sexual Assault Hotline: (800) 656-HOPE (4673); Sexual Assault Center 101 French Landing Drive Nashville, TN 37228 at (615-) 2594; Sexual Assault Crisis Center P.O. Box 11532 Knoxville, TN 37939 (865)522-7273. This information is also posted on all inmate bulletin boards and program areas, dietary, work details and recreational areas.

115.53 (b)TDOC 502.06.3 states the Facility PREA Coordinator shall ensure that inmates are informed, prior to giving them access of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The confidentiality of an inmate reporting PREA allegations is documented in the inmate's Inmate Rules and Regulation Book. It states "Inmates who have information involving PREA activity of any type may report this inform by leaving a voice message using the Inmate Telephone System (TS). To leave a message using the ITS, dial "1" for English when prompted, then dial *9222 and record our message. The ITS system will not identify you by PIN number, and you may remain anonymous. Interview with random staff confirmed they were aware that inmates could remain anonymous by using the identified *9222.

115.53 (c) TDOC 502.06.3 states the TDOC shall attain memorandum of understand (MOU) or other agreements with community services providers that are to provide inmates with confidential emotional support services related to sexual abuse. MOU are to be approved by the TDOC General Counsel. The agency does maintain a copy of the MOU with the with The Sexual Assault Center of East Tennessee and presented a copy to the auditor for review. The MOU was dated as signed by the TDOC Commissioner on April 17, 2015, and identified as still in effect per interviews with the TDOC State-wide PREA Coordinator and during a completed telephone call with a Victim Advocate of the Center.

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

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 506.06.2 PREA Allegations, Investigations, and SART
3. NECX Inmate Rules and Regulation Handbook
4. TDOC website
5. Interviews with:
 - a. Random Inmates
 - b. Third Party Reporting

115.54(a) TDOC Index 502.06.2 states, The Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment. It indicates that third-party reporting is included in the ways to report. It states this information shall be made available through the Inmate Rules and Regulations Handbook. NECX Inmate Rules and Regulations Handbook indicates that any NECX employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. The reported incident may be in writing, verbal, anonymous or from third parties. A review of the PREA investigative case files revealed various inmates utilized a method of third-party reporting to report their PREA allegation. These third-party methods included family members and letters to outside agencies. Per an interview with the Just Detention International, staff

identified they had not received any correspondence from inmates and/or staff at NECX during the review period.

The auditor reviewed the agency's website at <https://www.tn.gov/correction/sp/prison-rape-elimination-act.html>. The website identify the Agency's Response to Sexual Assault or Sexual Misconduct Allegations to include: Employee have a duty to report all rumors and allegations of sexual abuse through the chain of command; Institution Sexual Assault Response Team (SART) ensure alleged victims of sexual abuse receive immediate medical attention; The facility SART ensure alleged victims of sexual abuse receive a mental health evaluation; All allegations of sexual abuse will be reported to Internal Investigations for investigation; In addition to the facility PREA Tip lines, TDOC has established a Tip line for third-party reporting of sexual abuse and sexual assault at (615) 253-8178. This available option of third-party reporting is noted on the bulletin boards throughout the facility accessible to the staff and inmate population. This memorandum also identifies the TDOC has established a TIP line for third-party reporting of sexual abuse and sexual assault at (615) 253-8178.

Interview with inmates revealed most were aware that a third-party such as family member, friend, or another inmate could report PREA allegations to include sexual abuse and/or sexual harassment.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 No
- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- 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 No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- 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 No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. NECX Warden
 - b. TDOC State-wide PREA Coordinator

c. NECX PCM

d. Random staff

e. OIC Institution Investigator

f. Medical and Mental Health Staff

115.61(a) TDOC Index 502.06.2 states, “All staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with staff indicated they are aware of their responsibility and duty to report any and all knowledge of PREA allegations. Staff are issued and carry a PREA refresher card on their badge with reporting guidelines. The 21 random staff interviewed indicated they would immediately report to the Shift Commander and complete a documented report of their awareness to include from third-party as soon as possible and always prior to departing from their shift. Non-security staff identified they would report the information to their direct supervisor, SART Coordinator, in addition to the Shift Commander.

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

115.61(c) TDOC Index 502.06.2 states, “Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse as outlined in this policy and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.” Interviews with the Health Services Administrator and Behavior Health Administrator confirmed medical and mental health staff are aware of their duties as required by this provision and this information is shared with the inmate upon the initiation of services and their limitation of confidentiality and duty to report. The interviewed medical and mental staff indicated neither have served as a first response when they were notified of a PREA allegation directly by an inmate. They have received notification from within their department and all staff are to report immediately to the Shift Commander, Clinical Supervisor, Warden, Associate Warden, SART Coordinator and other supervisory staff.

115.61(d) NECX does not house inmates under the age of 18 years old. The average age range of inmates at NECX are between the ages of 18 – 86 years old. However, if an alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. TDOC received guidance from Adult Protective Services which indicates that TDOC may investigate within their facilities.

115.61(e) TDOC 502.06.2 states, Facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the OIC Institution Investigator for an

investigation. Per an interview with the Warden all allegations of sexual abuse and/or sexual harassment to include 3rd party, and anonymously are reported to be directly reported the OIC Facility Institution Investigator. The auditor used a variety of scenarios regarding staff awareness of PREA allegations to include by third party within the community, and /or by an inmate and/or an anonymous phone call. All staff interviewed immediately responded they would report the allegation to the Shift Commander, SART Coordinator and/or higher-ranking staff. Per interviews with the Warden, OIC Institution Investigator, and OIC Special Agent in Charge, all PREA reported allegations are conducted in the same manner regardless of how the incident was reported.

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

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Agency Head Designee

b. Warden

c. Random staff

TDOC Index 502.06.2 states “If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate. The auditor interviewed random and specialized staff. They all stated that they would remove the inmate from the area of threat immediately and/or remain with the inmate until the appropriate staff arrived to assist in the separation of inmates due to the custody level of some. They continued in stating they would immediately notify the Shift Commander. Staff to include contract and volunteers are issued and carry a PREA Refresher Training card on their badge which list the steps to take to protect an inmate. The facility stated in the PAQ that there have been 0 instances where an imminent threat of inmate sexual abuse was reported.

An interview with the Agency Head Designee indicated TDOC has an immediate response system in place as sexual safety is taken seriously. The first step would be to separate the at-risk individual from the potential risk and protect them from harm. There are specific areas of the compound that are designated as protective custody (PC). A protective custody investigation will be initiated, and any issues identified. The offender will remain housed in PC until the risk is eliminated by a transfer of the potential threat or until the offender expresses that they are no longer fearful and want to return to the compound.

The Warden stated if it were determined an inmate was subject to a substantial risk of imminent sexual abuse and could not be housed in the general population, an investigation would be completed within 7 days for a further determination. Further actions would be based on the evidence obtained during the investigation. Options could include alternate housing and/or the transfer of the aggressor or inmate identified as subject to a substantial risk of imminent sexual abuse.

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

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

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. PREA allegation logs and files
4. Interviews with:
 - a. Agency Head Designee
 - b. Warden

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

An interview with the Agency Head Designee indicated if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of the TDOC

facility the point of contact is the Statewide PREA Coordinator. The Statewide PREA Coordinator in turn will notify the Warden, the Facility PREA Coordinator, and the Institution Investigator. She continued in stating TDOC does have examples of outside agency referrals as the TDOC routinely receive referral from outside Rape Crisis Centers.

An interview with the Warden, indicated upon an inmate reporting an allegation of sexual harassment and /or sexual abuse upon his arrival from another TDOC facility and/or other agency, the information obtained would be documented and forward to the head of the affected facility. The documented information would be shared through a phone call followed by an email.

Per the PAQ and Warden the facility has not received any notifications where an inmate reported a PREA allegations having occurred at another institution prior to his arrival at NECX during the 12-month review period. Additionally, any allegation received from another facility that was reported as occurring at NECX would be investigated.

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

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.64 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
- 3 TDOC TCA Lesson Plan on PREA
4. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - d. Medical Staff
 - e. Random staff
 - f. First Responders

115.64(a) TDOC Index 502.06.2 and NECX Index 502.06.2-1 indicate that the first security staff on scene of an alleged sexual abuse shall separate the alleged victim and abuser. The security staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the alleged sexual abuse occurred within a 72-hour period of reporting, the security shift supervisor who is notified of the allegation shall initiate the Sexual Abuse Incident Check Sheet, CR-3776. First responders' duties of an employee are also a section of training in the 2-hour Pre-Service or In-Service PREA TCA Lesson Plan.

115.64(b) TDOC Index 502.06.2 states, "If the first staff responder is not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical

evidence and then immediately notify the shift commander. All staff interviewed, including non-custody staff, were aware of their responsibilities as first responders. All reported they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet. All staff are trained as first responders and wear a pocket card on their badge that list the steps to take when responding to an allegation that an inmate was sexually abused. An interview was conducted with a security staff member who was identified as a first responder. Staff reported he observed a fight between two cellmates, and they were ordered. After the inmates were escorted to medical, one inmate reported his cellmate that rape him on previous occasions. A review of the investigative case confirmed the cell of the occurrence was secured and photos were taken. The inmate was escorted to the local hospital for a forensic medical examination where he completed a forensic medical examination and later recanted his allegation of sexual abuse. The alleged victim admitted being involved in a consensual sexual relationship with his alleged aggressor. Both inmates received disciplinary sanctions for their actions and admission.

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

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. NECX Index 502.06.2-1 PREA Allegations, Investigations, and SART

115.65 NECX Index 502.06.2-1 identifies procedures to follow upon notification of a reported PREA allegation. The policy outlines the responsibilities of the first responder within the first 72 hours, preserving and protecting the crime scene until appropriate steps can be taken to collect any evidence while making notification to the Shift Commander who should notify the PREA Coordinator and the Sexual Abuse Response Team (SART). The policy also outlines the responsibility of the SART Response in conducting and ensuring the following: (1) Conduct a full investigation within 72-hours. Complete all necessary steps are taken to preserve and protect the alleged crime scene and the collection of evidence. (2) Determine if a Sexual Abuse Nurse Examiner (SANE) response is indicated at an outside medical facility. (3) Determined if segregation housing is necessary to protect an inmate who is alleged to have suffered sexual abuse. (4) Ensure the PREA Victim Advocates is available to the alleged victim when requested. (5) Once the investigation is completed, the inmate will be informed by the Chief Counselor (PREA Victim Advocate) or any member of the SART as to the determination of the allegation. The coordinated plan also outlines procedures in conducting the Incident Review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded, as sexual abuse incident review shall be conducted.

Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 limits 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 No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. Tennessee Code Annotated 50-1-207
3. Interviews with:
 - a. Agency Head Designee

115.66 (a) TCA Code 50-1-207 states “Prohibition against requiring any employer or employee to waive their rights under the National Labor Relations Act or require acceptance or agreement to any provisions that are mandatory or non-mandatory subject of a collective bargaining under Federal law. The Agency Head designee reported that TDOC does not have any collective bargaining agreements for NECX nor has the agency entered in to any collective bargaining agreements since August 2012.

Based on a review of the code, interviews and analysis, the facility has demonstrated compliance with this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- 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 No

115.67 (c)

- 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 No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Retaliation Monitoring forms for Staff and Inmates
4. Interviews with:
 - a. Agency Head Designee
 - b. Warden
 - c. NECX PCM
 - d. Staff charged with Monitoring Retaliation

115.67 (a) TDOC Index 502.06.2 indicates that inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. Appointed members of the facility SART shall monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmates) for inmates, CR-3963, and PREA Retaliation Review (Staff), CR-3982, for staff. The Associate Warden (T)/PREA Coordinator and the Chief Counselor are the designated retaliation monitors at NECX.

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

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

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

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

Of the 7 reported PREA reported allegations: 1 inmate -on -inmate sexual abuse was determined as Unsubstantiated. However, a review of the investigative casefile, identified no reported allegation of sexual abuse by either inmate. The case was initiated upon an officer observing the two inmates in bed together. Therefore, the circumstance of this case does not identify it as report and/or occurrence of sexual abuse. Retaliation monitoring was not conducted nor required.

Retaliation monitoring was documented as completed for 90 days for the 1-staff-on-inmate sexual abuse determined as Unsubstantiated. The remaining PREA investigations were either sexual harassment and/or determined as Unfounded. The retaliation monitoring form included inmate name and case number, the facility, victim, alleged aggressor, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides an area for reporting at 30 days, 60 days, final 90 days, and space for extended monitoring if required. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates.

Per the Agency Head Designee, retaliation for cooperation is not tolerated int DCO. If the individual is an offender, they would be granted protective custody status until the aggressor was removed from the

compound and the retaliation could be address. If the individua is a staff member, steps are instituted to ensure that retaliation is recognized and addressed appropriately (i.e. termination of aggressor, staff transfer of retaliator, or re-assignment of retaliator).

Except for the one staff-on-inmate sexual abuse case, all PREA investigations were completed within 72 hours. No additional PREA cases required retaliation monitoring.

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

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

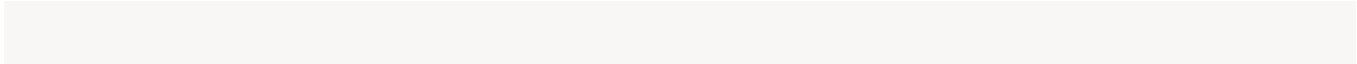
Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Warden
 - b. NECX PCM
 - c. Staff who supervise segregation

d. Screening Staff

115.68 (a) TDOC Index 502.06.2 indicates that any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of this policy and coordinated by the unit management team. Protective Services Investigative Routing, CR-3241, shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Every Protective Custody placement is, by policy reviewed every 30 days. Inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited; the duration of the limitation; and the reasons for such limitations. This shall be documented on LCDG Contact Notes. Per the PAQ and interviews with the Warden, staff who supervise segregation and NECX PCM, there were 0 inmates who alleged to have suffered sexual abuse placed in involuntary segregated in the past 12 months.

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



INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- 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 No NA

115.71 (b)

- 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 No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- 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 No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.71 (i)

- 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 No

115.71 (j)

- 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 No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC PREA Allegation Documentation Checklist
4. Interviews with:
 - a. OIC Special Agent in Charge and OIC Institution Investigator
 - b. PCM, PREA Coordinator, Warden, Investigators

115.71(a) TDOC 502.06.2 states it is the policy of TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 (CFR Part 115)). Staff shall accept reports made verbally, in writing, anonymously, and from third parties. Allegations shall be documented within 24 hours of becoming known to facility staff in the PREA Allegation System (PAS). These investigations shall be conducted within 72 hours of

receiving the allegation. SART team members/investigators who have received special training in conducting sexual abuse investigations in confinement settings shall investigate all allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. An interview with OIC Special Agent in Charge indicated all reported PREA allegations are investigated, and it does not matter how the allegation was reported or by who reported the allegation. He stated the OIC Special Agents usually immediately initiated the investigation, but the length of the investigation can depend on the circumstances of the case. There were 7 reported allegations of sexual abuse and/or sexual harassment reported during the 12-month review period. All cases were completed as administrative cases. A review of 7 PREA investigative case files revealed the investigations were normally completed by the OIC Institution Investigation on the same day the report was documented as reported, and/or within 72 hours after the allegation was reported except for one. This case was documented as closed on the 46th date.

115.71(b) TDOC 502.06.2 states, “where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations.” A Sexual Abuse Response Team (SART member who have received special training in conducting sexual abuse investigations in confinement settings shall investigate. The OIC Institution Investigator is a member of the SART and conduct administrative investigation for the facility to include all sexual abuse and sexual harassment. The OIC Special Agent conducts both administrative and criminal investigations. Interviews were conducted with both the OIC Institution Investigator and OIC Special Agent in Charge. Administrative investigation is typically investigated by the OIC Institution Investigator. However, if the case appears criminal in nature, the OIC Special Agent is notified and continue with the investigation. Training records noted all investigations were completed by investigators who had received specialized training.

115.71(c) TDOC Index 502.06.2 indicates that OIC Special Agents shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of investigation files demonstrated that the investigators utilized all available evidence and data during the investigation to include physical and DNA evidence for the one reported sexual abuse allegation that alleged penetration. Interviews with both OIC Investigators when a case appear criminal, they conduct a thorough review of video, collect witness statement, inmate telephone calls, conduct staff interviews, previous grievances, history between the victim and aggressor, disciplinary sanctions, and ensure ethe required medical and mental health treatment services are provided. The reported sexual abuse case that alleged penetration was later identified as a false claim during further interview with the alleged victim who admitted to a consensual sexual relationship. The investigative reported documented medical services and referral for mental health.

115.71(d) TDOC Index 502.06.2 states when the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. An interview with the OIC Special Agent in Charge indicated as a sworn law enforcement officer, the OIC Special Agents are not required to consult with the prosecutor prior to conducting compelled interviews. However, when there is sufficient evidence to substantiate a crime, the case is reviewed by the State Assistant District Attorney to determine if the evidence presented is sufficient for prosecution.

During the post-audit phase, a staff-on-inmate sexual abuse was identified by documented sufficient evidence. The OIC Investigators consulted with the State Assistant District Attorneys' Office who confirmed due to the amount of sufficient evidence collected, the staff member would be criminal charged and prosecuted. The staff member was indicted during the post-audit phase.

115.71(e) TDOC Index 502.06.2 states, "The credibility of a victim, suspect, or witness, shall be assessed on an individual basis, and shall not be determined by the person's status as inmate or staff. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation." Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. The OIC Investigators the credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when an inmate victim would be required to submit to a polygraph examination. A review of the 7 PREA investigative case files did not reveal any indication that an alleged victim was requested to participate in a polygraphy or other truth-telling device.

115.71(f) TDOC Index 502.06.2 indicates that administrative investigations shall include an effort to determine whether staff actions or failures to act facilitated the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings. A review of administrative investigations and sexual abuse incident reviews demonstrated the investigators and SART team members include a review to determine the effect of staff actions and/or failures as it pertains to the reported allegation. An interview with both the OIC Institution Investigator and the OIC Special Agent in Charge confirmed they include detailed information in the investigative report if staff 's actions or lack of responsibilities contributed to facilitating the abuse. There were no noted entries within the investigative cases where staff actions and/or failure in performing proper duties contributed to the reported PREA allegations.

115.71(g) TDOC 502.06.2 states that criminal investigations shall be documented in a written report which contains a thorough description of physical, testimonial, and documentary evidence. A review of the PREA investigative casefiles and interviews with both the OIC Institution Investigator and OIC Special Agent in Charge all criminal investigations would include description of physical, testimonial and documentary evidence. There were 0 criminal cases completed during the review period to include the post-audit phase. The staff-on-inmate sexual abuse case accepted by the State Assistant District Attorneys' Office was based on the presentation of dated documented evidence. The investigative report had not been completed.

115.71(h) TDOC Index 502.06.2 states, "Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. There were 0 criminal cases completed during the review period to include the post-audit phase. However, the State Assistant District Attorneys' Office agreed to prosecute a staff member during the post-audit phase based on evidence that supported committed staff-on-inmate sexual abuse during the post-audit period. Although the investigative case remained pending, there was sufficient evidence to support criminal charges.

115.71(i) TDOC Index 502.06.2 states that such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years. This practice was confirmed by the OIC Institution Investigator and OIC Special Agent in Charge. Administrative

investigative case files are maintained in the PAS at the facility level and criminal investigations are maintained at the Office of Investigations and Conduct.

115.71(j) TDOC Index 502.06.2 states that the departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. Interviews with both the OIC Institution Investigator and OIC Special Agent in Charge confirmed although staff may resign and/or an inmate is released/transferred, the investigation continues to include the arrest and prosecution of staff and/or inmate as applicable.

The staff member identified in the staff-on-inmate sexual abuse during the post-audit was immediately placed on administrative leave and the identified inmate transferred on the day of Warden's notification. Although the investigation remains pending, the identified staff member has been indicated on criminal charges that includes sexual abuse of the inmate.

115.71 (k)(l) The Office of Investigations and Conduct is part of the Tennessee Department of Corrections and conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

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

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Investigation files
4. Interviews with:
 - a. OIC Institution Investigator and OIC Special Agent

115.72(a) TDOC Index 502.06.2 states, “The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” A review of the investigation documents indicates that the Department does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and/or sexual harassment are substantiated. Per interviews with the OIC Special Agent in Charge and OIC Institution Investigative a preponderance of evidence is the standard necessary to substantiate an allegation of sexual abuse or sexual harassment.

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

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 No

115.73 (b)

- 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 No NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate’s unit? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever:
The staff member is no longer employed at the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever:
The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever:
The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- 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 No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC PREA Status Notification CR-3984
4. Interviews with:
 - a. OIC Institution Investigator and OIC Special Agent in Charge
 - b. Warden

115.73(a) TDOC Index 502.06.2 states following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing as to whether the allegation has been determined to be Substantiated, Unsubstantiated or Unfounded. Interviews with the OIC Special Agent in Charge, OIC Institution Investigator, and Warden identified at the conclusion of the PREA investigation, inmate victims receive notification of the investigative findings. There were 7 PREA allegations reported and completed during the review period. Each of the investigative casefiles include confirmation that the inmate received notification of the investigative findings via their signature on TDOC Inmate PREA Allegation Status Notification form. The notification was presented by either the Facility PREA Coordinator and /or the OIC Institution Investigator.

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

115.73(c) TDOC Index 502.06.2 states that following an inmate's allegation that a staff member has committed sexual abuse, the Department shall subsequently inform the inmate in writing whenever: the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; and the staff member has been convicted on a charge related to sexual abuse within the facility. There were 0 PREA allegation Substantiated against a staff member during the review period. However, an allegation of staff-on-inmate sexual abuse was reported during the post-audit phase and was accepted for prosecution by the State Assistant District Attorney's Office based on the evidence thus far. The facility investigative case remained pending.

115.73(d) TDOC Index 502.06.2 indicates that following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing whenever the facility learns that an alleged abuser has been indicted on a charge related to sexual abuse within the facility. There were 0 Substantiated inmate-on-inmate PREA allegations during the review period.

115.73(e) TDOC Index 502.06.2 states that all notifications shall be done in writing using Inmate PREA Allegation Status Notification, CR-3984, and the inmate shall acknowledge by signature that he/she has received such notification. The notification shall become part of the allegation file. If the inmate

refuses to sign the acknowledgement, an additional staff member shall sign and date acknowledging the inmate refusal. Interviews with the Investigative staff indicated both were aware of the agency requirement for notifications to be made by a member of the Sexual Abuse Response Team. A review of the 7 completed investigative PREA casefile revealed the inmate victims were notified of the investigative findings that was confirmed by the acknowledgement of their signature.

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Interviews with:
 - a. Warden

115.76 (a-d) TDOC Index 502.06.2 states staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, or PREA policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. Per interview with the Warden, employees are disciplined based on the outcome of sexual misconduct investigation. The facility would use progressive discipline 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.

Per the investigative staff and the NECX PAQ, throughout the review period there were 0 Substantiated PREA investigations of sexual abuse of staff-on-inmate. Therefore, zero staff was discipline for actions of such. One staff member was placed on administrative leave upon evidence of staff-on-inmate sexual abuse during the post-audit phase. The investigative case remained pending; however the staff member has been indicted.

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

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. TDOC Index 115.01 Standards for Volunteers and Coordination of Community Involvement
4. PREA Allegation System Case Logs
5. PREA Investigative Case Files
6. Interviews with:

a. Warden

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

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

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 No

115.78 (b)

- 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 No

115.78 (c)

- 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 No

115.78 (d)

- 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 No

115.78 (e)

- 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 No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2 PREA Allegations, Investigations, and SART
3. Review of PREA Investigative Case Files
4. Interviews with:
 - a. Warden
 - b. Mental Health Staff

115.78(a) TDOC Index 502.06 states, "Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-

inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Per the NECX PAQ, review of PREA Case Log and review of 7 PREA investigative case files, there were 0 investigative finding of Substantiated allegations of sexual abuse and /or sexual harassment by an inmate during the review period and/or post audit period.

115.78(b) & (c) TDOC Index 502.06.2 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. There were no Substantiated PREA reported allegations to compare disciplinary sanctions of inmates.

115.78(d) TDOC Index 502.06.2 states, If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Per an interview with mental health staff, inmates are offered services to address the motivations. He indicated the mental staff provide services for cognitive behavior therapy and psychological therapy however sex offenders are referred to a Sexual Offender Treatment Program at another TDOC facility. The inmates may refuse the services at any time; however, the program would be higher recommended.

115.78(e) TDOC Index 502.06.2 states an inmate may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact." No inmate was discipline under this provision as of the post-audit phase as there were no Substantiated investigative findings of sexual abuse and/or sexual harassment.

115.78(f) TDOC Index 502.06.2 states, "For the purpose of disciplinary action, a report sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting and incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation." There were 0 inmates who received disciplinary action for reporting a false allegation of sexual abuse and/or sexual harassment during the 12-month review period.

115.78(g) TDOC Index 502.06.2 states, "Any prohibition on inmate-on-inmate sexual activity shall not consider consensual sexual activity to constitute sexual abuse." Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse. An inmate-on-inmate reported allegations of sexual abuse was reported after the two inmates were observed fighting. An inmate initially alleged the other had previously raped him. During the investigation process, the alleged admitted victim admitted he was not a victim of sexual abuse and both inmates admitted being involved in a consensual sexual relationship on numerous times. Both inmates received disciplinary sanctions for their sexual misconduct.

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

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 No NA

115.81 (b)

- 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 No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. TDOC 113.84 Clinical Assessments, Mental Health Appraisals, and Psychological Testing
4. E-TOMIS Entries
4. PREA Mental Health Referrals
5. Interviews with:
 - a. NECX PCM
 - b. Medical and Behavioral Health Staff
 - c. Staff who perform screening for risk of victimization and abusiveness
 - d. Inmates that disclose victimization during PREA Screening

115.81 (a) (b) (c) TDOC Index 502.06.3 states that, "If the screening process indicates that an inmate has experienced prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and behavioral health provider within 14 days of the screening. TDOC Index 113.84 states that each mental health appraisal conducted as part of the initial classification or reclassification process shall be documented on Mental Health Intake Appraisal, CR-3772. The PAQ indicated that 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. The NECX PCM and mental health staff identified there were 57 inmates referred to mental health who reported being a prior victimization and/a prior aggressor. The auditor randomly selected 20 for review of confirmation of their 14-day follow up. All inmates were documented as seen by mental health not later than the second day after the referral was noted and in most instances the inmate was seen on the day the referral was made. Interviews with Counselors and Behavior Health staff confirmed inmates are seen by Behavior Health staff within 7 days after the referral are made. The inmates are documented in E-TOMIS. Three inmates who reported prior victimization was interviewed and each stated they were seen with a couple of days arrival. Interviews with mental health staff confirmed that although the facility was affected by COVID-19, mental health continued to it did not prevent inmates being seen by mental health staff.

115.81(d) TDOC Index 502.06.3 indicates that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and behavioral health

practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, bed, work, education, and programs assignments, or as otherwise required by Federal, State, or local law. Per interview with the NECX PCM, and Counselors indicated the specific details related to sexual victimization or abusiveness is strictly limited. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. The Job Placement Coordinator can only view an inmate's incompatibles for job placement.

115.81(e) CORIZON Policy on Procedure in the Event of Sexual Assault states, medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. TDOC Index 502.06.3 states that Medical and Behavioral Health providers shall obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in the institutional setting. In addition, interviews with both medical and mental health staff verified that staff do obtain informed consent from inmates before reporting any knowledge or suspicion of sexual abuse.

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

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 No

115.82 (b)

- 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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.3 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. CORIZON Health PREA Training Lesson Plan
4. Interviews with:
 - a. NECX PCM
 - b. Medical staff/ Behavior Health Staff
 - c. Inmates who disclosed during risk screening

115.82(a) TDOC Index 502.06.3 states victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health providers, according to their professional judgment. The CORIZON Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. An interview with the Health Services Administrator (HSA) and Behavior Health Administrator verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Each stated the inmate is seen immediately upon being notified as medical staff are on duty

24/7 and available to the inmate population. If the inmate alleges sexual abuse, medical staff will only provide emergency care with no services that would disturb any physical evidence. Services provided are within policy and upon the inmate return to the facility, medical staff would follow the recommendations made by the SANE/SAFE and/or attending doctor at the local hospital and the facility doctor.

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

An interview with the Behavior Health Administrator, he indicated the victim is seen as soon as possible for crisis services. If the incident occurred after normal working hours, the inmate would be seen within 72 hours of the reported incident.

115.82(b) TDOC Index 502.06.3 states, “If no qualified medical staff are on duty at the time of a report of a recent abuse is made, a correctional officer trained to render first aid may help as needed”. Medical staff are on duty 24/7 at NECX and medical services are provided as needed. All staff selected for interviews were aware that medical staff would be notified of reported PREA allegations and response immediately. Their description of actions taken included notifying the Shift Commander and medical supervisors while keeping the victim safe and separated from the abuser. Per the Health Services Administrator, medical staff is on duty 24/7 daily to include weekends.

115.82(c) TDOC Index 502.06.3 indicate inmate victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests and timely information about, and access to, all pregnancy-related medical services that are lawful in the community. NECX house male inmate only. This provision is not applicable.

115.82(d) TDOC Index 502.06.3 indicates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Interviews with medical staff also verified that the services would be provided at no cost.

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 No

115.83 (b)

- 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 No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.03 Medical, Behavioral Health, Victim Advocacy, and Community Support Services for PREA Victims
3. CORIZON Health Policy on Sexual Assault
4. Medical/Mental Health Follow-up log
5. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical staff and Behavior Health Staff
 - c. Inmates who reported sexual assault/abuse

115.83(a) TDOC Index 502.06.3 addresses the requirements of this standard. If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and/or behavioral health provider within 7 days of the screening. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. CORIZON Health Procedure on Sexual Assault also provides procedures to follow in event of sexual abuse. In an interview with medical staff, they indicated they would ensure the victim is stable and then follow treatment plans per the physician or local hospital. An interview with medical staff indicated they would meet with the victim upon their return to the facility and follow-up services would be based on the individual's treatment needs.

115.83(b) TDOC Index 502.06.3 indicates that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. TDOC facilities offer follow-up services within the correctional facilities. Per the Health Services the inmate would continue with follow-up services within the facility until their departure. Behavior Health staff

would initial the follow-up services within the community through the County Health Department in the inmate's community to determine available services.

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

115.83(d) & (e) NECX houses male inmates. Therefore, this provision of the standard is not applicable.

115.83(f) TDOC 502.06.3 states inmate victims of sexual abuse, while incarcerated, shall be offered test for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. The investigative reported disclosed the inmate who reported inmate-inmate sexual abuse and was escorted to the local hospital for a forensic medical examination recanted his story of being sexual abused with 2 ½ hours of the investigation.

115.83(g) TDOC Index 502.06.3 states treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Per mental health and medical staff interviews, the victim would not incur any financial cost for treatment services. Inmates are not held responsible for the financial cost of services rendered.

115.83(h) TDOC Index 502.06.3 states all facilities shall attempt to conduct a behavioral health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history. They shall be offered treatment when deemed appropriate by behavioral health providers. Interviews with staff who perform risk screening for victimization and abusiveness, indicated inmates who disclose prior sexual abusiveness, as well as inmates who disclose prior sexual victimization, are offered a referral to Behavioral Health. An interview with mental health staff indicated when an inmate is identified as an aggressor through an investigation, an updated evaluation would be conducted within 7 days of the referrals. The inmate is given the option of being evaluated but can refuse. He indicated most times; the alleged aggressor is angry and refuse the services offered.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06.2-1 PREA Allegations, Investigations, and SART
3. TDOC Sexual Abuse Incident Review Report
4. Interviews with:
 - a. Warden
 - b. NECX PCM
 - c. Incident Review Team Member

115.86(a)(b)(c) TDOC 502.06.2 states, the facility shall conduct a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, including investigations in which the allegation has not been determined as Substantiated, unless the allegation has been determined to be unfounded. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Warden/Superintendent/designee, Associate Warden of Treatment/Deputy Superintendent/Assistant Warden at privately managed facilities, facility and OIC Institution Investigator, line supervisor, and medical/mental health professionals. These individuals are members of the Sexual Assault Response Team (SART) whom duties include but not limited to meeting monthly to discuss and review Substantiated and Unsubstantiated sexual abuse cases. There were 0 Substantiated sexual abuse investigations for both staff on inmate and inmate on inmate. However, there were 1 staff-on-inmate sexual abuse case determined as Unsubstantiated. There was 1 inmate on -inmate sexual abuse case determined as Unsubstantiated. A review of the cases confirmed the members of SART conducted Incident Reviews for both. The reviews were thorough, followed the requirements of this standard and were completed within well within 30 days of the completed investigation that included the day of the completed investigation and not more than 10 days after the completed investigation.

115.86(d) (e) TDOC 502.06.2 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the area in the facility where the incident allegedly occurred to determine if there are physical plans issues that may have contributed to the incident and assess staffing levels in the area and whether monitoring technology should be deployed or augmented to supplement supervision by staff in these areas. The team is required to prepare and submit a report of findings to the Warden that identifies problem areas, necessary corrective action, and recommendation for improvement. The auditor reviewed the sexual abuse incident review reports that SART members made notations in the comment section of their assessment in monitoring technology, review of the area in the facility where the incident allegedly occurred to assess whether physical barriers to the area that may have enable abuse, adequacy of staffing levels in that area during different shift, whether the allegations or investigation indicates a need to

change policy or practice to better prevent, detect, or respond to sexual abuse, and/or consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBT identification, status or perceived status, or gang affiliation, or was motivated or caused by other group dynamics of the facility may have enabled the abuse. A copy of the incident review is scanned and electronically forwarded to the State-wide PREA Coordinator for consideration of approval.

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

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- 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 No

115.87 (d)

- 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 No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. 2018 Annual SSV PREA Report
4. Interviews with:
 - a. TDOC State-wide PREA Coordinator

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

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

115.87(c) The State-wide PREA Coordinator provided a copy of their most recent 2018 SSV report that demonstrated that the data collected by the facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence. Per an interview the Department of Justice has not requested a more recent copy of the Agency's Survey of Sexual Violence.

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

115.87(e) TDOC Index 502.06 states, "The TDOC PREA Coordinator shall ensure that data collected is securely retained. TDOC shall make all aggregated sexual abuse data, from TDOC facilities and private facilities with which it contracts, readily available to the public at least annually through the TDOC website.

115.87(f) TDOC 502.06 indicates that a report prepared by the State-wide-PREA Coordinator shall be prepared utilizing the Department of Justice annual format. The State-wide PREA Coordinator provided the auditor a copy of the 2018 SSV-2 which demonstrated the information was submitted to the Department of Justice timely and stated the DOJ has not requested a more recent copy of the SVV-2. However, a copy of the 2019-2020 Annual PREA Report was submitted for review.

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

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 No
- 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 No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- 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 No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. Agency website
4. 2019 -2020 Annual PREA Report
5. Interviews with:
 - a. State-wide PREA Coordinator
 - b. Agency Head Designee

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

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

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

The auditor reviewed the website at <https://www.tn.gov/correction/sp/prison-rape-elimination-act.html> and verified the 2019 – 2020 Annual Report was signed by the Commissioner and published. A review of the report indicated a comparison of 2018 -2019 and 2019 – 2020. The report was dated September 8, 2020. The report is professionally written and addresses the requirement of this standard.

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

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- 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 No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Reviewed (documents, interviews, site review):

1. NECX Completed Pre-Audit Questionnaire (PAQ)
2. TDOC Index 502.06 PREA Implementation, Education, and Compliance
3. Agency website
4. 2019-2020 Annual PREA Report
5. Interview with:
 - a. TDOC State-wide PREA Coordinator

115.89 (a-d) TDOC Index 502.06 addresses the requirements of this standard. The directive indicates the TDOC PREA Coordinator shall ensure that data collected is securely retained. The TDOC is responsible for completing an annual report and when approved by the Commissioner it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a prison before publication indicating the nature of the redacted information and related personal identifiers shall be removed prior to being made public. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. The TDOC State-wide PREA Coordinator shall maintain sexual abuse data for at least 10 years after the date of the initial collection.

Per an interview with the State-wide PREA Coordinator, he also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website at <https://www.tn.gov/correction/sp/prison-rape-elimination-act.html> verified the 2019-2020 Annual Report was published. A review of the annual reports indicated there were no personal identifiers included.

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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 No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TDOC Index 502.06 PREA Implementation, Education, and Compliance was reviewed and meets the requirement of this standard. The directive requires the PREA Coordinator to ensure that Department PREA-related activities comply with federal PREA standards in the following areas, Audits, and Auditing and corrective action. This the second year of third audit cycle for NECX. The Agency oversees 11 TDOC facilities and 3 contract facilities. The TDOC website maintained PREA audit reports posted for all facilities during the past audit cycle. The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. During the on-site visit, during the pre-audit and post audit phases, the auditor reviewed and received sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed an excess of the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements that included staff and inmates at the Main site and Carter County Annex. The auditor was given access to and the opportunity to tour and visit all areas of the Complex to include the Main site and Carter County Annex. The auditor and NECX elected to conduct numerous supervisory staff at the facility level interviews via Skype on May 3, 2021, as approved by the PREA Resource Center via email on November 30, 2020. All non-supervisory, upper management staff to include Warden, NECX PCM, Facility PREA Coordinator, random staff, random inmates and targeted group inmates were conducted on-site within an office that ensured privacy. Inmates confirmed their observation of the notice of audit posted throughout the institution that noted the procedure to submit confidential correspondence to the auditor. Per an interview with mailroom staff, inmates were allowed forward confidential correspondence to the auditor in the same manner as mail addressed to legal counselor. However, the auditor did not receive any the correspondence from staff and/or the inmate population.

Based on the above, the facility has demonstrated substantial compliance with all provisions of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per TDOC directives and standard requirements, TDOC ensures all final reports will be published on their websites to be available to the public. A review of the TDOC website at www.tn.gov/correction/sp/prisonrape-elimination-act.html contained the final 15 previous PREA reports completed for TDOC. Final reports were published on the agency website within 90 days of issuance to include those facilities that are contracted by the TDOC.

Based on the above, the facility has demonstrated substantial compliance with this standard.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra D. Dawson

July 2, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.