

# PREA Facility Audit Report: Final

**Name of Facility:** Tallahatchie County Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 08/14/2023

**Date Final Report Submitted:** 02/23/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kenneth E. Arnold	<b>Date of Signature:</b> 02/23/ 2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Arnold, Kenneth
<b>Email:</b>	kenarnold220@gmail.com
<b>Start Date of On-Site Audit:</b>	06/13/2023
<b>End Date of On-Site Audit:</b>	06/15/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Tallahatchie County Correctional Facility
<b>Facility physical address:</b>	19351 U.S. 49 , Tutwiler, Mississippi - 38963
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Brian Smeltzer
<b>Email Address:</b>	brian.smeltzer@corecivic.com
<b>Telephone Number:</b>	463-207-0840

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Luis Rosa
<b>Email Address:</b>	Luis.RosaJr@corecivic.com
<b>Telephone Number:</b>	719-349-0812

<b>Facility PREA Compliance Manager</b>
---

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	James Faulkner
<b>Email Address:</b>	James.FaulknerJr@corecivic.com
<b>Telephone Number:</b>	662-934-4077

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	2764
<b>Current population of facility:</b>	409
<b>Average daily population for the past 12 months:</b>	590
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-70
<b>Facility security levels/inmate custody levels:</b>	Low/Medium/High

<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	238
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

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

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

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

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

1

- 115.31 - Employee training

**Number of standards met:**

44

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-13
2. End date of the onsite portion of the audit:	2023-06-15

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor attempted to telephonically contact the administrator at Region 6 Mental Health Center for the purpose of validation of an MOU with that agency and to ascertain any insight(s) as to frequency and nature of contacts with TCCF offenders regarding sexual abuse. The administrator did not return the auditor's telephone call.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2764
15. Average daily population for the past 12 months:	590
16. Number of inmate/resident/detainee housing units:	44
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	394
<b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	5

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The auditor notes that one offender who was on-site during the visit actually reported a sexual harassment incident and he was interviewed. Zero on-site offenders reported a sexual abuse incident.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>231</p>

<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>23</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>None.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>17</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Although the designated facility capacity is 2764, the offender population throughout the on-site visit was substantially smaller. Several units and pods were closed in view of the low base count. Interviewees were selected from each housing unit wherein offenders were housed, attempting to select at least one interviewee from each pod.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor was afforded access to all areas within the facility, as well as, confidential access to all staff and offenders during the facility tour and throughout the on-site visit process. Of note, the auditor did attempt to interview offenders from G Unit (the South Carolina Unit) and offenders refused.</p> <p>Subsequent to the mass refusal of interviews, the auditor did enter the unit with the PCM and one of the South Carolina offenders approached him, initially, to discuss matters other than PREA programs. Subsequently, the offender stated that he had a PREA matter to discuss.</p> <p>The auditor invited the offender to accompany him to a private office where the auditor and offender would discuss any PREA concerns. The offender categorically refused to accompany the auditor and accordingly, he refused the opportunity to air his concerns.</p> <p>The auditor clearly advised that he could not discuss PREA issues in an open area wherein numerous offenders were congregated in view of safety and privacy concerns.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>11</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</b></p>	<p>During the facility tour, the auditor visited the unit and area where youthful offenders would be housed. He was advised by a supervisor and the PCM that zero youthful offenders were housed at the facility and that the last youthful offender was housed at the facility in 2021. The auditor did not observe any offenders in the area or other areas who appeared to be youthful offenders.</p>
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	3
<b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Pursuant to random interviews with staff, the auditor learned that zero transgender offenders were housed at TCCF during the on-site visit. The PCM likewise validated the same.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The auditor notes that one offender who was on-site during the visit actually reported a sexual harassment incident and he was interviewed. Zero on-site offenders reported a sexual abuse incident. This is commensurate with the investigative file reviewed regarding this investigation.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the auditor's tour of the Restricted Housing Unit, he learned that zero offenders were currently housed in segregated housing/isolation for risk of sexual victimization. This information was gleaned from random review of CARs and conversations with staff and offenders.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>None.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>None.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>None.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>17</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Explain why it was not possible to interview the Agency Head:</b></p>	<p>The CCPC facilitated the agency head interview pursuant to the Agency Head Questionnaire in February, 2023. The auditor was able to glean sufficient information from that interview synopsis to address all standards requiring input from the agency head.</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to interview the PREA Coordinator:</b></p>	<p>The CCPC facilitated his interview pursuant to the PREA Coordinator Questionnaire in February, 2023. The auditor was able to glean sufficient information from that interview synopsis to address all standards requiring input from the CCPC.</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff



	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	4
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Zero volunteers providing services at the institution at the time of the on-site visit.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was afforded access to all areas within the facility, as well as, confidential access to all staff and offenders during the facility tour and throughout the on-site visit process. Of note, the auditor did attempt to interview offenders from G Unit (the South Carolina Unit) and offenders refused. Subsequent to the mass refusal of interviews, the auditor did enter the unit with the PCM and one of the South Carolina offenders approached him, initially, to discuss matters other than PREA programs. Subsequently, the offender stated that he had a PREA matter to discuss.</p> <p>The auditor invited the offender to accompany him to a private office where the auditor and offender would discuss any PREA concerns. The offender categorically refused to accompany the auditor and accordingly, he refused the opportunity to air his concerns. The auditor clearly advised that he could not discuss PREA issues in an open area wherein numerous offenders were congregated in view of safety and privacy concerns.</p>
--	---

**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>HR/Administrative Files- 13  Employee Training Files- 14  Sexual Abuse/Harassment Investigations- 7  Offender Files- 15</p>
---	--

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	1
<b>Staff-on-inmate sexual abuse</b>	4	0	0	4
<b>Total</b>	5	0	0	5

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Total</b>	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0
<b>Staff-on-inmate sexual abuse</b>	0	3	0	0
<b>Total</b>	0	4	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	3	0	0
<b>Total</b>	0	3	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

5

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



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
---	--

**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>2</p>
--	----------

<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
---	---

**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
---	----------

<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
---	--

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
---	--

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	None.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

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

Other

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders, is included in this policy.</p> <p>The Zero Tolerance policy is clearly articulated in CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section A(1). Pages 1-30 of the same policy address all facets of the PREA program at Tallahatchie County Correctional Facility (TCCF).</p> <p>The auditor's review of two (one completed in 2022 and one completed in 2023)</p>

CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms signed and dated by staff reveals substantial compliance with 115.11(a). This document addresses understanding of training presented regarding sexual abuse/harassment and reporting options. The document is signed and dated during orientation training and inservice training.

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

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

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

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

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PC with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

According to the CC Organizational Chart, the agency-wide CCPC (Senior Director of PREA Compliance and Programs) is a full-time position and he reports to the Vice President of Core Services (VPCS). The VPCS reports to the Chief Operating Officer (COO) who is a member of the CC executive staff.

The auditor finds the CC PREA chain of command sufficient to accomplish all PREA needs.

Pursuant to the PAQ, the Warden self reports there is a designated PCM at TCCF. A designated assistant warden (aw) fulfills this role.

According to the Warden, the PCM does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor's review of a memorandum authored by the Warden reflects that a specifically designated aw is the PCM at TCCF. According to the TCCF Organizational Chart, the aw/PCM reports directly to the Warden (CEO).

The TCCF PCM asserts he does have sufficient time to devote to his PREA duties. He

	<p>makes daily Management by Wandering Around (MBWA) tours throughout the facility and during these tours, he is accessible to both staff and offenders. He monitors opposite gender staff announcements, poster accessibility and positioning, monitors staffing, monitors staff and offender PREA training, and monitors physical plant issues that may impact offender sexual safety, at a minimum. Many of his PREA-related responsibilities are addressed during MBWA rounds. This hands-on approach with "all things PREA" provides continuity throughout the facility.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.11.</p>
--	--

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, TCCF is a private facility, under contract with zero other jurisdictions to house those offenders designated to its care, custody, and control. CC, the parent company, contracts with the U.S. Marshal Service, Virgin Islands, State of Vermont, State of South Carolina, and Tallahatchie County, housing offenders from each respective jurisdiction.</p> <p>The auditor finds no deviations from the requirements of 115.12 and accordingly, TCCF is substantially compliant with 115.12.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect offenders against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of offenders is 779. The staffing plan is predicated upon an average daily number of offenders of 931.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(3)(a)(i-xi) addresses 115.13(a).</p> <p>The auditor's review of the June 29, 2022, and March 20, 2023 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite</p>

criteria are addressed in the Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the TCCF PCM, Warden, and CCPC. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a).

The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect offenders against sexual abuse are considered in the plan. The marriage between staffing and electronic surveillance is sufficient to facilitate offender sexual safety.

During the facility tour, the auditor noted that two correctional officers (cos) supervise two to four pods per unit as rovers during the first of two shifts (12-hour shifts).

Clusters of pods comprise each unit and each pod/unit is well supervised by electronic monitoring (cameras) as two cameras are strategically placed in the larger pods. Two staff are assigned to the central control center however, a sergeant (sgt) may also be assigned in that area. Unit management staff (unit manager, case manager, and counselors) also assist with supervision of pods in their respective areas of responsibility. The auditor notes that there is very little variation between the first and second shifts in terms of staffing, with the exception of unit management staff cover only part of the second shift. Of note, offenders are locked in their cells during part of the second shift.

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

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, a hard copy is maintained in the Warden's Office and electronic copies are maintained in a privileges accessible system, accessible only to the administrative duty officer (ado) team. In essence, the staffing plan is determined by both corporate and the customer. Of note, pursuant to one of the five separate contracts, direct supervision is required in the unit and pod(s) wherein respective offenders are housed.

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

a. Considerations regarding generally accepted detention and correctional principles center on an analysis of the areas to which offenders have access, blind spots, whether camera/mirror surveillance is adequate, areas of offender concentration, line of sight considerations, and sexual abuse/harassment incident locations. The staffing plan is largely determined by the individual contracts and CC requirements.

American Correctional Association (ACA) Best Practices regarding staffing are considered. CC leadership is very much in tune with "Correctional Best Practices."

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

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

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

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

bodies.

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

f. Ethnic ratios and balance appear to be acceptable. A heavy gang member population is evident from one state. In fact, all offenders housed within that unit refused to be interviewed during the on-site visit. The LGBTI population is minimal and is not a significant concern.

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

h. The majority of programming is facilitated on first shift in view of staffing. Programming is closely monitored in terms of numbers and key indicators. If additional staffing is required for a special event, the area in which the event is being conducted is saturated with staff. If an increase in offender presence is noted during programming, staffing is adjusted to compensate.

i. The facility is subject to, in one of the five contracts, some of the state and all CC PREA policies and standards. State of Mississippi laws and regulations prevail in terms of investigations, some judicial actions, and operational matters. Contracts with the U.S. Marshal Service, Virgin Islands, South Carolina Department of Corrections, Vermont Department of Corrections, and Tallahatchie County Jail require consideration of state and federal regulations as articulated in each contract.

j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing/ or electronic surveillance modification(s). Of note, only seven sexual abuse/harassment investigations were facilitated during the last 12 months.

k. None.

In regard to daily checks for compliance with the staffing plan, the chief of security (cos) conducts a daily staffing roster review with the master scheduler (ms).

Captains, lieutenants, and sergeants update the daily roster, ensuring that changes are accurately noted in the same. The COS and ms then review the same to ensure all posts are accounted for. Subsequently, during daily MBWA rounds, executive staff and ado staff randomly compare actual staffing vs. the roster snapshot. The cos also provides updates to the Warden on a daily basis.

The Warden further asserts that he, both aws, and the cos and chief of unit management (coum) conduct a live roster review on a weekly basis. During this review, actual staffing is compared against the roster for that day.



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

The auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was substantial and cameras are vigorously monitored. Camera placements (390 in total) are abundant and placements are strategic. The presence of sergeants throughout the facility was impressive. Finally, line of sight is linear in some units and pods while two tiers of cells in a 270 degree configuration comprise the remainder.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section D(3)(e) and (f) addresses 115.13(b).

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

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

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

Whether adjustments are needed to the staffing plan;  
The deployment of monitoring technology; and  
The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(3)(c)(i-iii) and (d) addresses 115.13(c).

The auditor's review of the aforementioned Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a) and (c).

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

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

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(1) and (2) addresses 115.13(d).</p> <p>The auditor's review of three 2023 TCCF Supervisory Unannounced PREA Rounds log entries reveals requisite 115.13(d) tours were completed by a lieutenant in three separate units on three different shifts on three different dates. Additionally, the auditor's random review of unit log books during the facility tour and weekly sign-in documents reveals substantial compliance with 115.13(d).</p> <p>The intermediate or higher facility level staff interviewee states he facilitates unannounced sexual safety rounds on a weekly basis. He documents unannounced sexual safety rounds in the unit/pod log book. During unannounced sexual safety rounds, he walks all tiers and checks each cell.</p> <p>The interviewee asserts he varies times for the conduct of rounds, varies his path for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time, and he may double back, conducting two tours on the same day. No patterns are established. He generally makes rounds by himself, splitting the institution tour with the captain.</p> <p>During the facility tour and as previously mentioned, the auditor reviewed log books in various housing units and other areas, finding documented times for supervisory unannounced PREA rounds.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.13.</p>
--	---

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden asserts the facility prohibits placing youthful offenders in a housing unit in which a youthful offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility has housing units to which youthful offenders are assigned that provide sight and sound separation between youthful and adult offenders in day rooms, common areas, showers, and sleeping quarters. Staff do not place youthful offenders in the SAME HOUSING UNIT as adults.</p> <p>The auditor's observation of one housing unit to which a youthful offender could be assigned provided sight and sound separation between youthful and adult offenders in day rooms, common areas, showers, and sleeping quarters. As of the first day of the on-site visit (June 13, 2023), zero youthful offenders were housed at TCCF. The</p>

Warden further asserts that in the last 12 months, zero youthful offenders were placed in SAME HOUSING UNIT as adults at this facility.

Pursuant to the TCCF PCM and a lieutenant who works in the pod wherein youthful offenders would be housed, the last time a youthful offender was housed at TCCF was May 7, 2021. The youthful offender was released from TCCF and subsequently returned when he/she was 18 years of age. Accordingly, youthful offenders have not been housed at TCCF during the last 12 months. This explanation validates the uploaded Age and Sex Breakdown as the offenders listed were housed at the facility between May 5, 2022 and May 5, 2023.

According to these interviewees and from a historical perspective, a specific pod in F Unit was designated for housing youthful offenders and preparations were made to preclude sight, sound, and physical contact. Specifically, windows are part of the physical characteristics of the pod however, they are covered with a film that precludes occupant observation outside the pod and outside offender observation into the pod. Zero adults are housed in this pod when occupied by youthful offender(s). Recreation is facilitated in accordance with policy and movement(s) of the youthful offender to either the recreation yard or medical services are only accomplished subsequent to strategic lockdown of the facility in an effort to facilitate the afore-described separation. Additionally, if movement to medical services is required, the entire facility would be locked down to facilitate the same. The auditor learned that youthful offenders would not be placed in solitary confinement to facilitate sight and sound separation between youthful and adult offenders.

In regard to programming, the same may be generally brought to the youthful offender. For example, GED materials and work may be brought to the offender by staff. Telephone calls and other privileges are provided to the offender in similar fashion as compared to other offenders. The offender is responsible for maintaining cleanliness within the pod and accordingly, he/she may be paid for the same. In regard to supervision during recreation, staff always provide direct supervision.

The auditor's observation of the respective pod parallels the statements of interviewees as reflected above. The auditor notes that zero youthful offenders were housed at TCCF during the on-site visit.

Policy Change Notice (PCN) CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 1, section I(9)(a and b) reveals substantial compliance with 115.14(a).

Pursuant to the PAQ, the Warden self reports the facility maintains sight, sound, and physical separation between youthful offenders and adult offenders in areas OUTSIDE of the HOUSING UNITS. The agency always provides direct staff supervision in areas OUTSIDE of HOUSING UNITS where youthful offenders may have sight, sound, or physical contact with adult offenders.

Policy Change Notice (PCN) 14-2 entitled Sexual Abuse Prevention and Response, page 1, section I(9)(c) reveals substantial compliance with 115.14(b).

	<p>The education staff who worked with youthful offenders in excess of 12 months ago states that the requirement for sight and sound separation between youthful and adult offenders does not interfere or inhibit the youthful offender's regular participation in programs. She has escorted the youthful offender(s) to the library on occasion to facilitate GED, etc. programming. When she escorted the offender(s), all facility movement ceased. In other words, all offenders were locked in their pods behind their cell doors. In other words, the interviewee related that the facility was locked down during the movement. She remained with the offender the entire time he/she was in the library. She also transported educational materials to the pod in which the youthful offender(s) were housed.</p> <p>The interviewee emphatically stated that adult offenders did not have sight, sound, or physical contact with any youthful offenders during her watch.</p> <p>Pursuant to the PAQ, the Warden self reports that the facility documents the exigent circumstances for each instance(s) in which youthful offenders' access to large-muscle exercise, legally required education services, and other programs and work opportunities are denied. In the last 12 months, zero youthful offenders have been placed in isolation in order to separate them from adult offenders.</p> <p>Policy Change Notice (PCN) 14-2 entitled Sexual Abuse Prevention and Response, page 1, section I(9)(d) reveals substantial compliance with 115.14(c).</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.14.</p>
--	---

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of offenders are not conducted at TCCF. However, the existence of exigent circumstances dictates whether the same can be conducted. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of offenders were facilitated at TCCF during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section (J)(3) reveals substantial compliance with 115.15(a).</p> <p>According to the non-medical staff involved in cross-gender strip or visual searches of offenders interviewee, female staff do not generally conduct cross-gender strip or</p>

visual searches of offenders at TCCF. When questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated when an offender is suspected (reasonable suspicion) of being in possession of hard contraband [e.g. drugs, weapon(s)] secreted in his/her rectum, the same would constitute an exigent circumstance.

Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and offenders, the auditor did not discover any violation(s) of 115.15(a).

Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. The Warden further self reports that zero pat-down searches of female offenders were conducted by male staff at TCCF during the last 12 months.

Pursuant to the auditor's review of the CC website and on-site observations, both male and female offenders are housed at TCCF and the auditor's on-site observation confirmed the same. The auditor did not find any evidence to suggest that cross-gender pat-down searches of female offenders were facilitated at TCCF.

The one female offender interviewee states that during her two day tenure at TCCF, there has been zero instances wherein she has been unable to participate in activities outside her cell because female staff were unavailable to conduct pat-down searches.

The 12 random staff interviewees corroborate the statement of the female offender interviewee, citing that such activities would not be cancelled under the circumstances as female staff are always available. As a worst case scenario, female staff would be called in to facilitate pat-down searches.

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented.

Likewise, cross-gender pat searches of female offenders may be conducted in exigent circumstances and the same would be documented.

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

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

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at TCCF that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit.

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

During the facility tour, the auditor reviewed facility cameras. At the time of the tour, female staff were assigned to the area(s) where the monitors are maintained. With one exception, the auditor's review of camera angles validated the aforementioned statement as the auditor noted the cameras do not capture cell interiors nor shower areas. It is noted each cell contains a toilet/sink combination.

In H Unit, the auditor determined, subsequent to observation from the second tier, that there could be limited visibility, albeit minimal, of offenders pursuant to camera monitoring and visual monitoring. The only affected shower is the last shower facing the physical tier. Erection of a canvas barrier or side covering should remedy the situation. Additionally, the executive staff immediately requested camera pixilation to ensure elimination of the potential issue.

The auditor finds that facility staff have worked diligently to eliminate any showering privacy concerns throughout the facility and with the aforementioned exception, efforts provide an acceptable solution to the issue. As the shower walls are generally half walls, either half canvas shower curtains cover the front of the shower or erection of elevated steel pipes with longer canvas shower curtains are installed in each shower stall.

The auditor's observation of two suicide cells reveals the same are equipped with cameras and the same are pixilated to preclude observation of genitalia, etc.

During the facility tour, the auditor noted that showers are generally located against one wall in the housing units. With the exception of the above, all showers were properly shielded with a canvas shower curtains and a cinder block wall is erected outside the shower area(s) further shielding observation. None of the 17 random offender interviewees alleged privacy issues with the showers. Of note, a toilet/sink combination is located in each cell.

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

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

Fourteen of 17 random offender interviewees assert that male and female staff announce their presence when entering opposite gender housing units. In regard to query as to whether offenders are ever naked or in full view of opposite gender staff while toileting, showering, or changing clothing, all 17 random offender interviewees stated they are not.

All 12 random staff interviewees assert that male and female staff announce their presence when entering a housing unit wherein opposite gender offenders are housed. Furthermore, all 12 random staff interviewees state offenders are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

Pursuant to the PAQ, the Warden self reports there is a TCCF policy prohibiting staff

from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to the Warden, no such searches have been conducted during the last 12 months.

CC Policy 14-9 entitled Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 3, section C(1) addresses 115.15(e).

Eleven of 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. Similarly, 11 of 12 interviewees were aware of the policy governing the same.

According to the PCM, zero transgender offenders were housed at TCCF during the on-site visit. Accordingly, transgender/intersex interviews could not be facilitated.

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

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

The auditor's review of an Acknowledgment Report dated June 15, 2023 (In-Service) reveals all TCCF staff participated in annual PREA training wherein the Search Procedures class is taught. Additionally, the auditor's review of a Training Attendance Roster dated May 5, 2023 reveals that four staff attended the Pre-Service Search Procedures class on that date. Employee printed name, signature, trainer's printed name and signature, name of course, and date of attendance are minimally captured in that document.

The auditor's on-site review of all 14 random staff training files reveals compliance with 115.15(f) during either/or 2020, 2021, or 2022. Of note, two staff members were not yet due for this class presented during PREA Annual Refresher Training (ART) however, the class was presented during pre-service training.

All 12 random staff interviewees assert the facility provides training regarding cross-gender pat-down searches of female offenders and professional and respectful searches of transgender/intersex offenders and 10 of these interviewees completed the same. The training is presented in a Power Point Presentation (PPP) format with lecture and a video. One interviewee states that he/she also used a workbook.

In view of the above, the auditor finds TCCF substantially compliant with 115.15.

**115.16**

**Inmates with disabilities and inmates who are limited English proficient**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled offenders equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 11 and 12, section 7(a)(b) addresses 115.16(a).

Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf offenders so they can converse with other individuals. Additionally, the auditor's review of the CC PREA trifold pamphlet reveals the same is presented in Spanish.

The auditor's review of a LanguageLine Services document reveals a procedure is in place to provide interpretative services for non-English speaking and deaf offenders. Generally, solicitation of interpretational assistance through Language Line Services is facilitated on staff telephones.

According to the Agency Head interviewee, the agency has established procedures to provide offenders with disabilities and offenders who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, LanguageLine is used, when necessary, to communicate with limited English proficient (LEP) offenders. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those offenders who are blind.

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

As noted in the narrative for 115.15(b), the auditor did randomly test offender telephones in each housing unit to determine functionality and found all to be working. While testing 115.51(b) reporting capabilities in each unit, the auditor found that telephone calls to each respective jurisdiction's designated reporting numbers were free and that the offender was not required to key any personal pin number(s) into the system. The PCM also advises that such telephone calls are not monitored.

Of note, the auditor learned that shift commanders and unit management staff and above can access LanguageLine. The same can be accessed on any facility staff landline or the aforementioned staff cell phones. Accordingly, as the auditor did not test LanguageLine during the on-site visit, he was able to test the same on August 11, 2023 pursuant to a three-way call with the investigator and LanguageLine. The



investigator used his cell phone to facilitate the call and the auditor used his home landline.

The telephone call was successful as the LanguageLine menu did activate. The auditor did listen to the transaction and is confident that the line is operational as the operator requested the language type of the interpreter.

The auditor interviewed six offenders who presented with disabilities (two cognitively impaired, two blind, one physically disabled, and one deaf) who reported that the facility provides information about sexual abuse and sexual harassment they are able to understand, with the following exceptions:

During the interview with one Tallahatchie County jail offender who was identified as cognitively impaired, he could not respond to interview questions in an intelligible manner. Accordingly, the auditor requested that he once again receive requisite PREA training. The PCM ensured that he received such training on the next audit day with no apparent comprehension issues.

One of the blind interviewees stated that materials were not presented in understandable formats. When questioned as to whether staff provided any assistance to him in terms of explanation of the same, he stated that he did not know the degree of assistance he received nor the name(s) of staff who may have provided assistance.

The remaining four interviewees stated they received PREA information and materials in understandable formats. Additionally, the deaf interviewee stated that staff verbally educate offenders regarding PREA matters on an annual basis.

Educational posters were noted to be posted in areas easily accessible to and observable by the offender population (e.g. units, program areas, operational areas).

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide offenders with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section 8 addresses 115.16(b).

The auditor reviewed the contract between CC and LanguageLine Interpreter Services for provision of services to non-English speaking offenders. Services for 250-plus languages are provided pursuant to this service. LanguageLine can be accessed from any facility telephone and is generally accessed by staff.

The LEP interviewee (the other aw translated throughout the interview) advises that he received initial PREA educational materials in Spanish. Accordingly, he experienced zero difficulty in terms of understanding the same.

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of offender interpreters, offender readers, or other types of offender assistants except in limited

	<p>circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under 115.64, or investigation of the offender's allegations. The Warden further self reports that the facility documents the limited circumstances in individual cases where offender interpreters, readers, or other types of offender assistants are used.</p> <p>Reportedly, there were zero instances, within the last 12 months, wherein offender interpreters, readers, or other types of offender assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations.</p> <p>All 12 random staff interviewees assert, to the best of their knowledge, offender interpreters, offender readers, or other types of offender assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that ten of 12 interviewees identified further physical injury to the victim and/or impeding an investigation as a legitimate reason(s) to invoke 115.16(c) procedures. Ten of 12 interviewees state that agency policy prohibits use of offender interpreters, offender readers, or other types of offender assistants for translation of a sexual abuse, report, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under §115.64, or the investigation of the offender's allegations.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.16.</p>
--	---

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who may have contact with offenders who:</p> <ul style="list-style-type: none"> <li>Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution;</li> <li>Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.</li> </ul> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(1)(a-c) addresses 115.17(a).</p> <p>The auditor's review of 2023 Self Declarations of Sexual Abuse/Sexual Harassment</p>

forms (14-2H) for three employees (all completed within the last 12 months) reveals compliance with this provision to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form.

The auditor's on-site random review of six of seven HR files relative to staff selected during the audit period reveals that the 14-2H questions were facilitated in a timely manner. In all seven cases, criminal background record checks were likewise completed in a timely manner. In three of four promotion cases, the 14-2H was completed in a timely manner. Pursuant to review of one contractor HR file, the auditor finds that the 14-2H form was completed in a timely manner when she converted from a TCCF employee to a Trinity (contractor) employee. Her last criminal background record check (five-year) was completed when she was a TCCF employee (August 23, 2019).

Accordingly, the auditor finds TCCF compliant with 115.17(a), (b), and (d).

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

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

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

The auditor notes that while there is a question regarding sexual harassment on the 14-2H form, there is no method for validation of the employee's response as reflected on the same. The HR interviewee asserts that the 115.17(a) and (b) questions are asked on the PREA Questionnaire for Prior Institutional Employers form (03-20-02B) which is forwarded to prior institutional employer(s) and the auditor validates the same.

The HR interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with offenders. TCCF staff forward the 03-20-02B form to prior institutional employers (applies to staff applicants) for completion. The form includes a question regarding sexual harassment of offenders. The 14-2H form [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered to the prospective employee as an applicant, at hiring, and subsequently on an annual basis and the same is administered to promotional candidates and contractors.

Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous institutional employer inquiries.

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with offenders are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Warden further self reports during the last 12 months, 121 persons who may have contact with offenders have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7 and 8) addresses 115.17(c).

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

Subsequent to the prospective employee's completion of an authorization to disclose information and his/her provision of requisite information, HR staff forward the same to the contract background investigation company (First Advantage) and they complete the specific investigation. First Advantage also completes a criminal background record check, considering a driver's license check. Once completed, the First Advantage findings are compared against the 14-2H revelations.

Criminal background record check findings are addressed in the narrative for 115.17(a). Of note, four of the 13 random staff files reviewed on-site revealed a prior institutional employment record [primarily nursing home and general hospital assignments which are not applicable to 115.17(c)] however, the 03-20-02B form was forwarded to the prior institutional employer in three cases. All requisite information is provided in this form.

In addition to the above, the auditor's review of three employment applications, corresponding Pre-Screening Questions [reflects the three 115.17(a) and one 115.17(b) questions], and the corresponding 03-20-02B form reveals non-compliance with 115.17(c). This evidence was requested by the auditor and the same was subsequently uploaded into OAS for the auditor's review. In each of the three cases, the 03-20-02B form was not forwarded to all prior institutional employers [required pursuant to 115.17(c)(2)]. In one case, the 03-20-02B was not forwarded to Wexford Nurses. In the second case, the 03-20-02B was not forwarded to Vital Care and in the third case, the 03-20-02B was not forwarded to MDOC. The auditor notes that these three prior employers, as described by the applicants, clearly represented a correctional confinement mission.

In view of the above, the auditor finds TCCF non-compliant with 115.17(c), imposing a 180-day corrective action period wherein the PCM will ensure TCCF staff are in compliance with the requirements of 115.17(c) and that the same is institutionalized. The corrective action due date is January 15, 2024.

To demonstrate compliance with 115.17(c), the PCM will ensure that all stakeholders (HR staff, minimally) are trained as to the necessity that the 03-20-02B form is utilized in accordance with the aforementioned policy. Specifically, the document must be used to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The 03-20-02B clearly reflects that all prior institutional employers must be contacted. A copy of the training plan, as well as, documentation substantiating the stakeholder's completion of said training will be uploaded to OAS.

In addition to the above, the PCM will upload a copy of the new hires roster (those staff hired between the date of this interim report and January 15, 2024 who worked for prior institutional employers). The auditor will select three to five files for review, evaluating the application or resume and the 03-20-02B, when applicable. The auditor will subsequently make a compliance determination regarding the same.

November 1, 2023 Update:

The auditor's review of a Training Activity Enrollment/Attendance Roster reveals that three HR staff completed training regarding the above 115.17(c) requirement to submit the 03-20-02B Form to all prior institutional employers and the mechanics of the process. The auditor is satisfied with the training component of the corrective action.

February 3, 2024 Update:

The auditor's review of 03-20-02B forms relative to seven staff hired between the dates of the Interim PREA Report and January 15, 2024 reveals compliance with 115.17(c). The aforementioned forms were forwarded to the respective prior institutional employers for follow-up. Although forwarded to the prior institutional employers, there is no evidence that responses to the inquiries were received.

In view of the above, the auditor finds TCCF substantially compliant with 115.17(c).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(7)

addresses 115.17(d).

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

Pursuant to the PAQ, the Warden self reports that criminal background record checks are conducted at five-year employment intervals for current employees and contractors who may have contact with offenders.

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

According to the HR interviewee, five-year re-investigations are facilitated as reflected in the narrative for 115.17(c). A five-year reinvestigation spread sheet is used to track investigations. Frequent review of the same ensures that reviews are completed in a timely manner. The five-year reinvestigation is triggered by HRM.

The auditor's on-site random review of five applicable (hired during 2017 or prior) files reveals all current five-year re-investigations were completed.

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

The auditor's on-site review of 11 of 12 random staff HR files (staff hired prior to June, 2022) reveals staff completed the annual 14-2H during the last 12 months. Accordingly, the auditor finds TCCF substantially compliant with 115.17(f).

Pursuant to the HR interviewee, as reflected in the above policy citation, the relevant questions are asked on the 14-2H. Additionally, the 14-2H is administered annually. The interviewee states CC does not utilize written self evaluations and the auditor finds no contradictory evidence.

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

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

Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(6) addresses 115.17(g).

The auditor notes there is a caveat on the 14-2H wherein substantiation of 115.17(g) is established. As previously noted, the employee signs and dates the document, signifying their understanding of the caveat.

	<p>Document review findings are reflected throughout the 115.17 narrative.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(9) addresses 115.17(h).</p> <p>The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, TCCF provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. She provides the same pursuant to the previous employee's written authorization on application documents.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.17.</p>
--	--

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(1) and (2) addresses 115.18(a) in totality.</p> <p>According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA and collaboration with the CCPC provides a global picture of PREA concerns and needs.</p> <p>Lines of sight are assessed to enhance offender sexual and personal safety and camera surveillance needs to address blind spots. Privacy concerns in areas such as showers, restrooms and any areas where offenders may be in a state of undress are addressed with the field. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.</p> <p>During acquisitions, the staff making the site visits develop a preliminary assessment</p>

	<p>and the CCPC is involved in the review of physical plant issues. A Form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction.</p> <p>According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.</p> <p>Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Upon further questioning, the Warden stated that he was not aware of any such upgrades since his arrival at TCCF (November, 2022).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(3)addresses 115.18(b) in totality.</p> <p>The Agency Head asserts that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration for optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs relative to cross-gender viewing in areas like restrooms and shower areas. Technology is discussed with facility staff during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the CCPC.</p> <p>The auditor's review of a 2023 PREA Physical Plant Considerations document reveals substantial compliance with 115.18(b). The basis for the camera upgrades is clearly articulated in this document and blind spots, amongst other PREA considerations, were clearly reviewed.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.18.</p>
--	---

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting any administrative sexual abuse investigations (including offender-on-offender sexual abuse or staff sexual misconduct). However, Tutwiler Police Department (TPD) investigator(s) facilitate criminal investigations of sexual abuse at TCCF. When conducting administrative investigations, TCCF PREA investigator(s) follow a uniform evidence protocol.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section (O)(4)(a-c) addresses 115.21(a) in totality. Of note, there is no Memorandum of</p>



Understanding with TPD.

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

Eight of the 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and seven interviewees state that Tutwiler Police Department (TPD) investigator(s) facilitate criminal sexual abuse investigations at TCCF.

The PCM asserts that TPD investigators have always been facilitative in terms of the conduct of criminal sexual abuse investigations at TCCF in the absence of a Memorandum of Understanding (MOU) between TPD and TCCF. The auditor has now been provided a copy of an MOU between TCCF and TPD dated June, 2023 and signed during the same month. The MOU (uploaded into OAS) clearly addresses investigative requirements, inclusive of 115.21(d and e) requirements.

Pursuant to the PAQ, the Warden self reports that the protocol is developmentally appropriate for youth. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section (B)(7) addresses 115.21(b).

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section 13 addresses 115.21(c). The auditor notes that the forensic examination is generally

authorized by the contract monitor following action by TPD.

Despite three attempts to telephonically contact either a supervisor or manger with the SANE nursing program, the auditor has been unsuccessful in facilitating the same. Voice mail messages were left on all occasions however, a response was not received. While the validation of examination by SANEs cannot be validated pursuant to the SAFE/SANE interviewee, the auditor will continue contact attempts with a SANE during the interim audit period. Given this situation, the auditor will not hold TCCF accountable for the SANE interview pursuant to this interim report.

February 7, 2024 Update:

On January 30, 2024, the auditor forwarded an email to the contact person regarding the conduct of forensic examinations at DHSNR. He has not received any responses to his previously mentioned numerous attempts, as well as, this email attempt.

Despite the lack of a specific MOU with DHSNR, SAFE/SANE services are provided when requested by TPD. As validated by the TPD criminal investigative interviewee, offenders at this facility are transported to DHSNR at the direction of TPD investigators.

Given this situation, the auditor cannot hold TCCF accountable based on the lack of a SAFE/SANE interview. Accordingly, the auditor considers the Warden's statement, controlling policy, and validation by the criminal investigative interviewee as evidence of compliance with 115.21(c). Specifically, the criminal investigative interviewee states that a SAFE/SANE interview would be conducted by DHSNR if he or one of his investigators requested the same.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, sections 14 and 15 addresses 115.21(d) and (e) in totality.

The PCM asserts that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. TCCF uses Region One Mental Health for provision of victim advocacy (VA) services articulated in 115.21(d) and (e). The auditor notes that an MOU is currently in place with Region One Mental Health however, the same is silent in terms of provision of VA services during investigatory interviews. Accordingly, the auditor strongly recommends amendment of the same to include investigatory interview verbiage.

The auditor notes that zero offenders who reported a sexual abuse incident at TCCF

	<p>were housed at the facility during the on-site audit. Accordingly, that interview could not be facilitated.</p> <p>As reflected in the narrative for 115.21(a), 115.21(d and e) requirements are addressed pursuant to the TCCF/TPD MOU. Accordingly, the auditor finds TCCF compliant with 115.21(d and e).</p> <p>According to the PCM, TCCF officials have met with Region One Mental Health officials regarding various topics associated with provision of VA services. The discussion did include VA credentials and qualifications.</p> <p>Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21 (a through e) of the PREA standards.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(3)(a-c) addresses 115.21(f) in totality.</p> <p>The auditor's review of the CC website reveals the aforementioned policy is posted on the same. As reflected in the narrative for 115.21(a) above, 115.21(f) investigative requirements are captured in the TCCF/TPD MOU.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.21.</p>
--	---

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Warden further self reports all of the investigations were completed. Seven investigations were opened and six were completed during the last 12 months. The single open investigation is being investigated by an outside criminal investigative entity. Four of the seven investigations were or are being investigated both administratively and criminally and three were investigated administratively.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section</p>

(N)(1) addresses 115.22(a and b) in totality.

The auditor's on-site review of seven random sexual abuse/harassment investigations validates the above statement regarding investigation opening and completion.

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA specialty trained CC investigator and Office of the Inspector General or TPD investigator(s), whichever is appropriate for the customer.

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

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section O(1) addresses 115.22(b) in totality.

The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to either the U.S. Marshal Service or TPD for investigation. These entities are involved in the investigative process (the U.S. Marshal Office regarding matters germane to U.S. Marshal Offenders) in each sexual abuse/harassment matter as they actually determine whether the investigation will be completed as an administrative or criminal investigation or both. Similarly, these investigative entities determine whether a forensic examination will be completed.

	<p>Of note, referrals for criminal investigations are documented in the CC Incident Reporting Database.</p> <p>The auditor's review of the aforementioned policy reveals that the same clearly articulates investigative responsibilities for both the U.S.Marshall/TPD investigator(s), as well as, the TCCF investigator.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.22.</p>
--	--

<b>115.31</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with offenders regarding the ten topics listed in 115.31(a).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1 and 2)(a-j) addresses 115.31(a).</p> <p>The auditor's limited review of the CC Inservice PREA Overview Facilitator and Participant's Guides, as well as slides, reveals substantial compliance with 115.31(a) in terms of the 10 required topics. Slides reveal that all requisite training [as applied to 115.31(a)] is available at TCCF. In addition to the above, the CC Facility Support Center (FSC) distributes PREA Refreshers and other PREA Resource Center (PRC) materials periodically. The auditor's review of in-service slides reveals substantial compliance with 115.31(a).</p> <p>The auditor's random review of two inservice training rosters reveals that 29 non-security staff completed PREA Annual Refresher Training (ART) during March, 2023. Attendees print their names and sign the same.</p> <p>The auditor's review of four staff 2020 and 2021 training records (CC PREA Policy Acknowledgment and/or Training Acknowledgment) reveals compliance with 115.31(a). Additionally, the auditor's review of two staff TRAINING ACKNOWLEDGMENT forms dated 2016 and 2017, reflects receipt and understanding of training/compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented.</p> <p>All 12 random staff interviewees assert they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the academy and prior to assumption of duties with offenders. Additionally, applicable random staff interviewees assert they received PREA ART regarding the aforementioned topics.</p>

The auditor's review of five applicable random staff training files (staff hired between 2020 and 2023) reveals that timely pre-service PREA training was completed in four of the five cases. Specifically, training was provided prior to the employee's contact with offenders.

With respect to the remaining eight of nine files, PREA ART was provided, minimally, during 2023. Of note, the CC In-Service training calendar runs from January through December of each year.

Since the basic PREA course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out. These documents are included in OAS pertaining to both staff and contractors.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1) addresses 115.31(b).

As previously mentioned, the auditor's review of both curriculum and slides reveals substantial compliance with 115.31(b).

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

Pursuant to the PAQ, the Warden self reports that between trainings, the agency provides employees who may have contact with offenders with refresher information about current policies regarding sexual abuse and sexual harassment. Minimally, staff receive PREA ART on an annual basis. The training tools addressed in the narrative for 115.31(a) clearly substantiate compliance with this provision.

According to the Warden, employees who may have contact with offenders receive PREA ART. Additionally, the PCM asserts that facility initiatives in terms of PREA, FSC corporate trainings, email blasts, and newsletters augment PREA ART.

The auditor's review of 10 pages of Acknowledgment Reports (uploaded to OAS) reveals substantial compliance with 115.31(c).

In view of the above, the auditor finds that TCCF exceeds standard requirements with respect to 115.31(c) as PREA ART is provided on an annual basis, augmented by other PREA trainings and handout dissemination.

Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with offenders understand the training they have received

	<p>through employee signature or electronic verification.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 5, section C(3) addresses 115.31(d).</p> <p>The auditor's review of Training Acknowledgment Forms located in randomly selected employee training files, as well as, the examples noted above, confirm the "I understand" caveat is present on the forms and the employee signs and dates the same or provides an electronic signature.</p> <p>In view of the above, the auditor finds that TCCF exceeds standard expectations with respect to 115.31.</p>
--	--

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports all contractors and volunteers who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 23 contractors who have contact with offenders, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The PCM validated that zero volunteers are currently used at TCCF. Contractors [food service contractors (Trinity)] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food service staff at TCCF.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section 8(a) addresses 115.32(a) in totality.</p> <p>The two food service contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training, whichever is applicable, with CC staff. Additionally, the food service director provides Trinity (food service contractor) PREA training to Trinity staff on an annual basis.</p> <p>The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of offenders, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, the impact(s) of</p>

sexual abuse/harassment on the prison population, and staff parameters when dealing with victims and perpetrators.

The auditor's review of 10 pages of Acknowledgment Reports (uploaded to OAS) reveals substantial compliance with 115.32(a). The electronic Acknowledgment Reports reflect a chronology of training activities and document completion of the same.

The two medical contractor interviewees likewise state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate in an E-Learning CC PREA Orientation or ART training, whichever is applicable to their situation. Topics addressed include, but are not limited to, the agency's zero tolerance against sexual abuse/harassment of offenders, reporting options, description(s) of what sexual abuse/harassment look like in a confinement setting, and warning signs in sexual abuse/harassment within a confinement setting. The auditor notes that this program encompasses the training topics that staff receive in an in-person format.

The auditor's review of screenshots of Acknowledgments for receipt of requisite training for the two medical contractor interviewees reveals substantial compliance with 115.32(a) and (c). Of note, the "I understand" caveat is clearly represented on these documents that have been uploaded into OAS. Additionally, an Acknowledgment Report clearly reflects the names of the interviewees, signifying their completion of PREA training during 2023.

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

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

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

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

Volunteer documentation and the "I understand" caveat is addressed in the narrative for 115.32(a).

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



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

115.33	Inmate education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports offenders receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 2782 offenders were admitted to TCCF during the last 12 months, of which 100% were provided the requisite information at intake.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section H(2) addresses 115.33(a).</p> <p>According to the intake staff interviewee, she provides offenders with information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, generally during intake on the day of arrival. Each new admission receives the TCCF Offender Handbook (English or Spanish), the CC Prevent. Detect. Respond pamphlet (English or Spanish), and the PREA video at intake. Offenders watch the PREA video while being processed. Additionally, reporting options and other PREA information are captured on posters displayed throughout the facility.</p> <p>The auditor notes that intake staff are generally consistent in terms of assignment to that area.</p> <p>Either LanguageLine or staff interpreters can be used for non-English speaking offenders, dependent upon the language spoken. If a cognitively impaired offender is received, he or she is referred to the medical/mental health department for assistance with translation. For hearing impaired/deaf offenders, they are asked to read the materials. Additionally, LanguageLine sign language can be activated. For offenders who present with blindness or low vision, the interviewee or another staff member reads materials to them. The PREA video is always played aloud.</p> <p>Fifteen of 17 random offender interviewees report they received at least one or more of the TCCF Offender Handbook, the aforementioned CC tri-fold pamphlet, and the PREA video at intake (day of arrival) or the following day. The auditor also notes that TCCF offenders can access electronic tablets to order commissary, submit electronic emergency grievances, etc. Offenders must sign in on the tablets and before facilitating any other business, the PREA video is shown each time.</p>

The auditor's review of 12 of 15 random offender files reveals substantial compliance with 115.33(a). Timely and comprehensive provision of relevant PREA information is clearly established pursuant to this random review of files and supporting documentation. Relevant information and materials were provided on the date of arrival or the next day in the majority of such cases. Additionally, the auditor's review contradicted the two offender interviewees who stated they were not advised of 115.33(a) requirements at intake as documentation reveals they did receive requisite materials and training at intake.

The auditor's review of the 14-2AA PREA pamphlet reveals substantial compliance with 115.33(a) however, the most current document was not available during the facility tour. The previous edition was being provided at intake. The CCPC and TCCF PCM corrected the same and provision of the most current edition commenced on the first day of the on-site visit. Both editions address the zero tolerance policy, as well as, methods to report incidents or suspicions of sexual abuse or sexual harassment and both pamphlets are printed in both English and Spanish.

In addition to the above, Intake Area staff advised the auditor that a different Handbook is provided to offenders pursuant to each contract. The auditor's cursory scan of each Offender Handbook revealed compliance with 115.33(a) and (f) with one exception. The address for TPD is not listed in the current editions of the Offender Handbook. Accordingly, in conjunction with 115.51(b), the auditor finds TCCF non-compliant with 115.33(a) and imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.33(a) requirements. The due date for completion of the corrective action is January 15, 2024.

To demonstrate compliance with and institutionalization of 115.33(a) requirements, the PCM will update the five Offender Handbooks to reflect the TPD reporting option information. This will include any special mail handling procedures to ensure anonymity. A copy of the amended Offender Handbooks will subsequently be uploaded into OAS. Additionally, to ensure that offenders currently housed at TCCF have the benefit of the amended information, an informational memorandum will be posted in each housing unit and pod. Photographs of the memorandums and posting will be uploaded into OAS.

January 29, 2024 Update:

The auditor's review of the amended offender handbooks for Tallahatchie and now Hinds County Jail offenders, U.S. Marshal Service (USMS) detainees, Virgin Islands Department of Corrections (VI DOC) offenders, Vermont Department of Corrections (VDOC) offenders, South Carolina Department of Corrections (SC DOC), as well as, Wyoming Department of Corrections (WDOC) offenders, reveals that telephone numbers for the U.S. Inspector General's Hotline (USMS detainees), VI DOC, VDOC, South Carolina Department of Corrections (SC DOC) are reflected in the same. Additionally, the following header is reflected on the aforementioned poster(s):

To make a report of sexual abuse and sexual harassment outside of CoreCivic and the respective customer, you may write to TPD. The address for TPD is clearly articulated in respective documents.

The auditor's review of 21 of 23 PREA Education Acknowledgment forms signed and dated by the offender reveals receipt of requisite PREA education materials on the date of arrival at TCCF. These documents encompass the dates of August 14, 2023 through January 15, 2024. Of note, the Intake box is checked on these forms signifying receipt of information during intake.

In view of the above, the auditor now finds TCCF substantially compliant with 115.33(a) and 115.51(a).

Pursuant to the PAQ, the Warden self reports 1474 offenders were admitted to TCCF during the last 12 months whose length of stay was 30 days or more. According to the Warden, 1307 of those offenders received comprehensive PREA education within 30 days of intake. The PCM asserts that the difference of 167 offenders constitutes the number of offenders who were not timely trained within 30 days of arrival at TCCF.

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

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the offender's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents is generally provided in the Offender Handbooks and posters. Additionally, case managers follow-up with each offender within 30-days of arrival for additional PREA guidance.

All 17 random offender interviewees stated they did participate in a PREA Orientation program wherein all components of 115.33(b) were addressed. Thirteen interviewees report the same occurred at intake while one interviewee states that PREA Orientation was provided within two weeks of arrival. Two interviewees state that PREA Orientation was provided within 24 hours of arrival. The auditor's review of five offender files associated with random offender interviewees reveals that the case manager orientation (comprehensive PREA education) was completed at intake or on the date of arrival.

Despite the disparity in terms of reported offender non-completion of comprehensive PREA education in a timely manner (167 residents) and the evidence that there is minimal, if any, separation between the initial and comprehensive education, there is evidence that the comprehensive education is generally completed. In addition to the findings regarding the on-site review of five of the cases addressed in the preceding paragraph, the auditor's review of six additional cases reveals that the case manager PREA orientation was likewise facilitated at intake or on the date of arrival. In one additional case, the case manager PREA orientation was completed

within two weeks of arrival at the facility. The remaining three cases are not applicable to this audit period, relevant documentation could not be located, or the 30-day education is not yet due.

The above finding is commensurate with the random offender interviews.

Accordingly, the auditor finds TCCF non-compliant with 115.33(b) and (c) and a 180-day corrective action period is imposed as follows. The corrective action due date is January 15, 2024.

To demonstrate compliance with and institutionalization of 115.33(b), the PCM will develop a plan to implement comprehensive offender PREA education within 30 days of arrival at the facility. Once developed, the PCM will provide training to all comprehensive PREA training stakeholders regarding comprehensive PREA training expectations and requirements, inclusive of subject-matter, and proper completion of requisite documentation. The PCM will upload the training syllabus, as well as, completed training rosters or PREA Education Acknowledgment forms substantiating recipient completion of the training.

The PCM will upload an offender roster encompassing those offenders with a TCCF admission date between the date of this interim report and the corrective action due date (January 15, 2024). The auditor will select a sample of offender files and the PCM will upload supporting documentation to validate compliance with 115.33(b). The auditor will subsequently render a finding regarding compliance.

February 6, 2024 Update:

Throughout the corrective action period, the auditor reviewed a total of 53 offender files for those individuals received at TCCF between the dates of August 14, 2023 and January 15, 2024. Compliance with 115.33(b) and (c) is demonstrated with respect to 42 of 53 files.

The auditor notes that of the aforementioned 53 files, relevant comprehensive PREA education evidence is missing from seven files wherein the offenders arrived at TCCF during August, September, and early October, 2023. Evidence reflects timely receipt of comprehensive PREA education in 42 of 46 files relative to offenders received after October 13, 2023. Accordingly, the auditor feels confident that 115.33(b) requirements are now institutionalized at the facility and he now finds TCCF substantially compliant with 115.33(b) and (c) based on evidence reviewed for three and one-half months of the corrective action period.

The auditor notes that the comprehensive PREA education and victimization/aggressor reassessments are now being completed either on the same date or within a few days of one another, within 30-days of arrival at the facility. Following this plan should ensure continued compliance with provisions.

Pursuant to the PAQ, the Warden self reports that all offenders received within the last 12 months who remained at the facility for 30 days or more have been educated

within 30 days of intake. Reportedly, all were educated on or before May 5, 2023.

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

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

As reflected in the narrative for 115.33(b) above, the auditor finds TCCF likewise non-compliant with 115.33(c). Corrective action and follow-up findings articulated in the narrative for 115.33(b) are also applicable to 115.33(c).

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

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

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

Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA sessions.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(4) addresses 115.33(e).

The auditor's review of completed documents entitled Orientation Acknowledgment (signed and dated at intake) and PREA Education Acknowledgment 30-day comprehensive education (completed at orientation with the case manager) reveals substantial compliance with 115.33(e) in that documentation resources are available.

The latter form reflects that the offender received the USMS PREA Bulletin and was advised as to how he can view the PREA video, among other PREA topics.

Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, offender handbooks, or other written formats.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(5) addresses 115.33(f).

The auditor's review of one poster included with PAQ information reveals the offender's right to be free from sexual abuse/harassment and two reporting numbers. Additionally, the auditor's review of the 14-2AA PREA pamphlet reveals substantial compliance with 115.33(f).

	<p>The auditor's review of two PAQ PREA posters on unit walls reflects information regarding zero tolerance towards sexual abuse, sexual harassment, reporting procedures, etc. With the exception(s) noted in the narrative for 115.33(a), the auditor's review of the aforementioned materials identified throughout the narrative for 115.33 reveals substantial compliance with 115.33(f). Additionally, the PREA Hotline number [outside reporting source- 115.51(b)], the address for TPD, the addresses and telephone numbers for the Department of Corrections components for each state or county contract, the address for the Office of the Inspector General for the U.S. Marshal contract, and the victim advocate (VA) (Region One Mental Health) (115.53(a)) telephone numbers are now noted on separate posters unique to the six different contracts and offenders housed pursuant to each contract.</p> <p>Of note, the auditor did find disparity in terms of</p> <p>In view of the above, the auditor now finds TCCF substantially compliant with 115.33.</p>
--	---

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(5) addresses 115.34(a).</p> <p>The administrative investigative staff interviewee states he has completed training specific to investigating sexual abuse in confinement settings. Specifically, he has completed both the web based National Institute of Corrections (NIC) training course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting and a similar RELIAS course. These were three-hour on-line courses, inclusive of scenarios and the topics listed in the narrative for 115.34(b). Additionally, a testing component was included in the training modules.</p> <p>The criminal investigative interviewee states he did complete specialized training</p>

regarding sexual abuse investigations and the same was completed in the Academy, as well as, at various police departments throughout the state. Police department or established subject-matter experts working as instructors facilitated such trainings. All of these trainings are conducted in an in-person format.

The auditor's review of documents provided to him reveals that the administrative investigator completed the requisite NIC course on both October 4, 2019 and January 24, 2023 as validated by CC Certificates of Completion. A RELIAS certificate for the specialty course entitled, PREA: Investigation Protocols dated August 5, 2018 was also provided to the auditor by the administrative investigator. Additionally, a CC Certificate of the NIC course reveals that the stg coordinator is also certified to facilitate such investigations and her certificate was issued on January 30, 2023. Finally, the administrative investigator from Cimarron County Correctional Facility (CCCF) completed three TCCF investigations during the last 12 months and accordingly, the auditor has reviewed the specialty PREA investigative training he has completed during his tenure. He completed Operation Diamondback training during the week of May 20-24, 2013 as validated by a Certificate of Completion and PREA Investigative Specialty Training as validated by a Training/Activity Enrollment/Attendance Roster dated November 13, 2013.

The auditor's review of the lesson plan from the PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(5)(a) addresses 115.34(b).

Both the administrative and criminal investigative staff interviewees state that specialized training included:

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

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

The Warden further self reports TCCF currently employs one administrative PREA investigator and he completed the requisite training. As mentioned in the narrative for 115.34(a), a second administrative investigator has completed requisite training, as validated by her certificate and training record.

The primary and secondary sexual abuse/harassment administrative investigator's completion certificates are addressed in the narrative for 115.34(a).

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

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, all 42 medical and mental health care practitioners who work regularly at the facility, have received the requisite training.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(6) addresses 115.35(a).</p> <p>The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.</p> <p>According to the medical/mental health interviewees, both completed specialized training regarding sexual abuse and sexual harassment. This NIC course consisted of a three-hour on-line program. The training did cover the following topics:</p> <ul style="list-style-type: none"> <li>How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>How to preserve physical evidence of sexual abuse;</li> <li>How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</li> <li>How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ul> <p>The auditor's review of three random medical/mental health employee's training records reveals they completed requisite specialty PREA medical/mental health training. Additionally, they completed requisite PREA training pursuant to 115.31.</p> <p>In addition to the above, the auditor's review of PREA specialty medical/mental health training certifications reveals that 7 contractors completed the course mentioned above.</p> <p>Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated at TCCF. Accordingly, the auditor finds 115.35(b) not-applicable to TCCF.</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(7) addresses 115.35(c).</p>



	<p>The auditor's review of five medical/mental Health specialty training forms reveals substantial compliance with 115.35(c). On-site review of random medical staff training files is addressed in the narrative for 115.35(a).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(6) addresses 115.35(d).</p> <p>The auditor's review of the 2023 Training Acknowledgment Report validates that the nine medical/mental health staff referenced above completed PREA ART. Accordingly, the auditor finds that TCCF is compliant with 115.35(d). An explanation regarding medical/mental health contractor completion of PREA ART appears in the narrative for 115.32.</p> <p>In view of the above, the auditor now finds TCCF substantially compliant with 115.35.</p>
--	---

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(1) addresses 115.41(a).</p> <p>Pursuant to the staff who performs initial screening for risk of victimization and abusiveness interviewee, she does screen offenders (one-on-one) upon admission to TCCF for risk of sexual abuse victimization or sexual abusiveness (victimization/abusiveness screening) towards other offenders. The interviewee states that screenings are facilitated in the intake area where six computer banks are located. The equivalent of medical screens are placed between the stations where offenders sit. She discreetly asks the questions as articulated in the screening tool and if the offender has a hearing condition, he/she reads the questions and subsequently provides a response.</p> <p>The interviewee states that she reviews the U.S. Marshal Service 129 prior to screening U.S. Marshal Service offenders. She does not review pending arrival packets for South Carolina, Vermont, Virgin Islands, or Tallahatchie County offenders. The auditor strongly recommends that pre-arrival packets are reviewed by screeners in all cases prior to the actual screening. This will assist in provision of a more accurate snapshot of the offender's sexual abuse/victimization history and ensure</p>

compliance with 115.41(a), as articulated in the PREA Risk Screening test steps.

While the auditor did observe the area in which victimization/aggressor screenings are conducted, he did not observe an actual assessment. As reflected above, the auditor asked specific questions of the interviewee from which to determine protocol and effectiveness in the screening process. He also reviewed completed initial assessments and reassessments to determine comprehensiveness.

Ten of 11 applicable random offender interviewees who arrived at TCCF during the last 12 months assert they did receive an initial PREA assessment screening at intake or within 24 hours of arrival. During the facility tour, the auditor did randomly question two offenders as to whether they were asked these questions during intake and both responded in the affirmative.

During the facility tour, the auditor noted that all victimization/aggressor screening is facilitated in the intake area. The screening occurs in a large area surrounded by cells along the walls. A bank of six computers are positioned on desks (configured in a straight line) in the middle of the intake area, spaced approximately seven feet apart. As described by intake staff, the screener sits on one side of the desk and the offender sits on the other side. At the time of the tour, the auditor did not observe any barrier(s) between the offender stations however, medical screens were located in the area and staff advised that they are placed between each station. During the on-site visit, the auditor did not observe any screenings.

In view of the configuration, the auditor inquired as to how confidentiality is maintained. He was advised that the issue of potential confidentiality was identified during ado rounds and accordingly, screening questionnaire questions were reduced to writing on a laminated document. The laminated document will be handed to the offender and he/she simply states yes or no and discreetly expounds on any probing questions. The auditor was advised that this procedure had not yet been implemented and he finds the same to be marginally adequate in view of the close proximity of offenders being screened at the same time.

The Warden advises that a cubicle is now in the process of implementation and a photograph of the same is uploaded into OAS. Pursuant to the auditor's review of these corrective actions, he is satisfied that this corrective action will preserve confidentiality. Accordingly, once these corrective actions are in place, TCCF will be in compliance with 115.41(a).

In view of the above, the auditor finds that TCCF is non-compliant with 115.41(a) and imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.41(a). The corrective action due date is January 15, 2024.

Once the cubicles are installed, the PCM will upload a photograph of the same along with an email or memorandum certifying the cubicles were installed. The auditor will subsequently make a determination regarding compliance and institutionalization.

November 1, 2023 Update:

The auditor's review of photographs of the installed cubicles as previously described reveals TCCF is now compliant with the confidentiality component of 115.41(a). The auditor is satisfied that installation of the same is adequate to protect offender privacy during the screening process.

Pursuant to the PAQ, the Warden self reports policy requires offenders to be screened for risk of sexual victimization or risk of abusing other offenders within 72 hours of their intake. In the last 12 months, the Warden self reports 2782 offenders entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other offenders, within 72 hours of entry into the facility. According to the PCM, 126 offenders departed the facility prior to 72 hours. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

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

The auditor's on-site random review of all 12 applicable (offender arrival dates during 2021 through 2023) initial sexual victimization/aggressor assessments reveals 10 screenings were conducted within 24 hours of arrival at TCCF while two were conducted within 48 hours of arrival. The auditor's further review of one of the six applicable randomly selected offender files (accompanying files for the aforementioned offenders received at TCCF during the last 12 months) reveals the reassessment was completed within 30 days of arrival. Of note, two 30-day reassessments could not be located and three reassessments were not yet due at the time of the assessment.

Pursuant to the staff who performs screening for risk of sexual victimization and abusiveness interviewee, she screens offenders for risk of sexual victimization or risk of sexually abusing others within 24 hours of intake.

The auditor's review of 23 of 23 post-audit initial victimization/aggressor screenings reveals substantial compliance with 115.41(b) in terms of timeliness. All screenings were facilitated within 24 hours of arrival at TCCF.

In view of the above, the auditor finds TCCF substantially compliant with 115.41(b).

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(3) addresses 115.41(c).

Pursuant to the auditor's review of six PAQ initial screening documents facilitated during the last 12 months, the same do reflect the questions articulated in 115.41(d) and (e) and the weighting values for those questions.

The CCPC asserts that the 14-2B is completed electronically in the CC Offender

Management System (OMS). The same is not completed on paper but rather, it is completed electronically.

The questions are weighted, however, the weight is not assigned by the individual completing the form. The computer system assesses the response and assigns the weight according to programming. For example a "yes" response to the question on prior victimization would be weighted higher than a "yes" response on being held for civil immigration. The weights were established during the design of the 14-2B system when it was developed around 2014.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(4) reveals the intake screening considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

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

The age of the offender;

The physical build of the offender;

Whether the offender has previously been incarcerated;

Whether the offender's criminal history is exclusively nonviolent;

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

Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether the offender has previously experienced sexual victimization;

The offender's own perception of vulnerability; and

Whether the offender is detained solely for civil immigration purposes.

The staff member who performs initial screening for risk of victimization and abusiveness interviewee states that screening questions, minimally, encompass:

Sexual victimization history;

Sexual abuse history;

Sexual abuse vulnerability at TCCF;

Physical stature; and

LGBTI status or identification.

As previously indicated, the statement of the staff responsible for risk screening interviewee, CC policy, and the auditor's review of the 14-2B reveal that 115.41(e) questions are contained within the 14-2B.

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offender's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports zero offenders who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or for being sexually abusive, within 30 days of admission, based upon any additional, relevant information

received since intake. Pursuant to follow-up with the PCM, the auditor has learned that 1470 30-day reassessments were facilitated during the last 12 months (not congruent with the number of offenders housed at the facility for 30-days or more).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(5) addresses 115.41(f).

The staff responsible for risk screening interviewee states within 30 days of arrival at TCCF, the case manager facilitates a reassessment.

One of the six applicable random offender interviewees, who arrived at TCCF during the last 12 months, states he was asked screening questions again since the date of his arrival at TCCF. Reassessments for offenders who have not been at TCCF for 30-days were not considered in this group of random offender interviewees.

The auditor's on-site review of two of the six offender files pertaining to random offenders who stated they did not receive a 30-day reassessment reveals that one of the two reassessments was completed in a timely manner.

Demographics regarding timely and accurate 30-day reassessments are captured in the narrative for 115.41(b).

Pursuant to the auditor's review of all six corresponding 30-day reassessments, as validated by the documents provided in the PAQ and included in OAS plus the on-site findings (includes one reassessment completed on February 15, 2023), the auditor finds TCCF marginally compliant with 115.41(f). Pursuant to conversation with the PCM and Records Office staff, subsequent to finding a potential issue with 30-day reassessment timeliness, efforts have been intensified to ensure timeliness.

Given the above, the auditor has determined that a corrective action period is necessary to ensure compliance with and institutionalization of 115.41(f) requirements. Accordingly, the auditor imposes a 180 day corrective action period that will end on January 15, 2024. To demonstrate compliance with 115.41(f), the PCM will provide training to all stakeholders who facilitate 30-day reassessments, accentuating the need to complete reassessments within 30-days of arrival at intake. A copy of the training plan, as well as, written evidence that all stakeholders received the requisite training will be uploaded into OAS. This document will bear the name of the training, the instructor's name, the date of training, and the participant's printed name/signature/date.

In addition to the above, the PCM will upload a roster reflecting the arrival dates of all offenders received between the date of this interim report and January 15, 2024 or sooner. The auditor will randomly select 5-10 offenders and the PCM will upload both the initial and 30-day reassessment for each randomly selected offender. Subsequently, the auditor will analyze the documents, rendering a finding regarding compliance.

December 16, 2023 Update:

The auditor's review of relevant portion(s) of Policy 14-2 and a training outline regarding the mechanics of sexual victimization/aggressor initial and reassessment screening clearly captures corrective action requirements as articulated above. Policy 14-2 requires that affected staff utilize a target of 21 days (from the offender's date of arrival) for the conduct of reassessments. Training rosters reflect that nine unit management staff completed this training during December, 2023.

February 7, 2024 Update:

Throughout the corrective action period, the auditor reviewed a total of 53 offender files for those individuals received at TCCF between the dates of August 14, 2023 and January 15, 2024. Compliance with 115.41(f) is demonstrated with respect to 45 of 53 files.

The auditor notes that of the aforementioned 53 files, the victimization/aggressor screening tool (Form 14-2B) is missing from five files wherein the offenders arrived at TCCF during August, September, and early October, 2023. Evidence reflects timely 115.41(f) screening in the vast majority of the evidence universe (46 of 48 files) relative to offenders received after October 13, 2023. Accordingly, the auditor feels confident that 115.33(b) requirements are now institutionalized at the facility and TCCF is substantially compliant with 115.33(b) and (c) based on three and one-half months of the corrective action period.

The auditor notes that the victimization/aggressor reassessments are now being completed within one week of the 30-day benchmark. Following this plan should ensure continued compliance with 115.41(f).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(16) addresses 115.41(g).

The PCM asserts that one such reassessment was facilitated with respect to new information regarding an offender who presents with mental health concerns. The auditor's review of the reassessment and background information provided reveals substantial compliance with the requirements of 115.41(g).

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

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining offenders

for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the offender has a mental, physical, or developmental disability;  
Whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether or not the offender has previously experienced sexual victimization; and  
The offender's own perception of vulnerability.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(7) addresses 115.41(h).

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 13, section G(12)(a-d) addresses 115.41(i).

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

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

In view of the above, the auditor now finds TCCF substantially compliant with 115.41.

<b>115.42</b>	<b>Use of screening information</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1422 499">Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="256 539 1461 611">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9 section (G)(1) and page 12, section I(1) address 115.42(a).</p> <p data-bbox="256 651 1477 936">The PCM and the staff responsible for risk screening interviewee assert that the OMS assessment system assigns Victim (V), Potential Victim (PV), Unrestricted (U), Predator(P), and Potential Predator (PP) status to each initial and reassessment. System alerts "PREA Housing Alerts" preclude housing victims with aggressors. A roster is generated by the system to assist with proper housing. Additionally, housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns. Victims are not housed with Predators.</p> <p data-bbox="256 976 1477 1135">The auditor's review of the aforementioned roster reveals substantial compliance with 115.42(a). Additionally, the auditor's cursory review of an institutional roster with photo identification for each offender and various notations applicable to each offender reveals no evidence of deviation from 115.42(a) procedures and practices.</p> <p data-bbox="256 1176 1477 1292">Pursuant to the auditor's observations during the facility tour, programs and work assignments are supervised by staff. Accordingly, the auditor finds TCCF substantially compliant with 115.42(a).</p> <p data-bbox="256 1332 1350 1404">Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each offender.</p> <p data-bbox="256 1444 1445 1516">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12 section I(4) addresses 115.42(b).</p> <p data-bbox="256 1556 1461 1673">Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex offenders in the facility on a case-by-case basis.</p> <p data-bbox="256 1713 1430 1872">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13 section (I)(7)(b) addresses 115.42(c). Additionally, CC Policy 14-9 entitled Management of Transgender and Intersex Inmates in Prison and Jail Facilities, pages 6-8, sections F(1-17) and G(1-5) address 115.42(b) and (c) minimally.</p> <p data-bbox="256 1912 1477 2072">The PCM asserts housing assignments for transgender/intersex offenders are determined pursuant to review of the screening results. Transgender/intersex offenders are dispersed throughout the facility, dependent upon security and safety concerns. Transgender/intersex offenders are not placed in specific pods or areas. All</p>



programming areas are supervised by staff.

Members of the Sexual Abuse Response Team (SART) meet with the transgender/intersex offender to address management preferences and needs. The agency considers whether the placement will ensure the offender's health and safety. Additionally, the agency considers whether the placement would present management or security problems.

When questioned, the PCM stated that offenders are designated to TCCF by the U.S. Marshal Service, Virgin Islands, South Carolina Department of Corrections, Vermont Department of Corrections, and Tutwiler County Jail. Officials from those entities identify the sex of the offender.

The PCM asserts that zero transgender/intersex offenders were housed at TCCF at the time of the on-site visit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13 section (I)(7)(d) addresses 115.42(d).

The PCM asserts placement and programming assignments for each transgender/intersex offender are reassessed a minimum of two times per year for any threats to safety experienced by the offender. The staff responsible for risk screening reassessments likewise states a transgender/intersex offender is reassessed at least twice each year to review any threats to safety.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section (I)(7)(c) addresses 115.42(e).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section I(11)(g) addresses 115.42(f).

The PCM and staff responsible for risk screening assert transgender/intersex offenders are given the opportunity to shower separately from other offenders. Such requests may be accommodated by showering during count or showering in the medical department.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section (I)(7)(e) addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware that designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex offenders unless the agency or facility is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders. Housing assignments are made at the local level, utilizing the risk assessment screening tool. Such assignments are subject to review during internal

	<p>audits, mock PREA audits, and partner agency audits. Of note, transgender/intersex offenders are reviewed individually with consideration made for their own safety concerns.</p> <p>The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex offenders.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.42.</p>
--	---

<b>115.43</b>	<b>Protective Custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. The Warden further self reports zero offenders at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(a) addresses 115.43(a).</p> <p>The Warden asserts agency policy prohibits placing offenders at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an offender can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an offender requests protective custody, he may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section</p>

I(8)(b) addresses 115.43(b).

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

The staff who supervises offenders in segregated housing interviewee states that offenders would only be placed in RHU pending investigation for other matters or at their request. If offenders are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (Recreation is provided five days per week times one hour each recreation day. Chaplains make weekly rounds and address any requests. Additionally, a step-down program is available to offenders to assist with general population transitioning.);

Privileges (Telephone is available to offenders);

Education (Individually tailored Education classes are available to the offender via tablet); and

Work opportunities (porter work assignments are available to offenders pursuant to approval of the assistant chief of security and a designated lieutenant).

Of note, the interviewee states that offenders, in general, housed in RHU can request religious services materials and library books. Recreation, telephone privileges, visitation, and commissary are privileges afforded to RHU offenders.

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR). The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. Of note, during the facility tour, the auditor observed the CAR process and information provided on the same.

Restrictions can be placed subsequent to approval of the Warden. Feeding on styrofoam trays is one example of such a restriction.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(d) addresses 115.43(c).

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

	<p>The staff member who supervises offenders in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody.</p> <p>As previously indicated in the narrative for 115.43(a), the Warden self reports zero offenders at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.</p> <p>Pursuant to random review of sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section (I)(8)(e) addresses 115.43(d).</p> <p>The auditor finds that the 115.43(d) process is in place should the need arise.</p> <p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(f) addresses 115.43(e).</p> <p>The staff member who supervises offenders in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.43.</p>
--	---

<b>115.51</b>	<b>Inmate reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for offenders to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment;</p>

Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and  
Staff neglect or violation of responsibilities that may have contributed to such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section K(1)(a and b)(i-vii) addresses 115.51(a) in totality.

The auditor's review of five posters entitled CC PREA Hotline, addressing Tallahatchie County Jail offenders, U.S. Marshal Service (USMS) detainees, Virgin Islands Department of Corrections offenders, Vermont Department of Corrections offenders, and South Carolina Department of Corrections offenders, reveals that telephone numbers for the U.S. Inspector General's Hotline (USMS detainees), Virgin Islands Department of Corrections (VI DOC), Vermont Department of Corrections (VDOC), and South Carolina Department of Corrections (SC DOC) are identified. The same reveals substantial compliance with 115.51(b). Additionally, the address for TPD is reflected on each poster, with the exception of the USMS poster and the address for the U.S. Inspector General is reflected on the same. These telephone numbers and addresses are clearly associated with entities outside the jurisdiction of TCCF.

Pursuant to follow-up questioning of TCCF staff, the auditor learned that the PREA Hotline is not identified as a 115.51(b) reporting source, nor is it intended to be such a source. Rather, a correspondence report to TPD is considered the 115.51(b) reporting source. When questioned, the PCM could not provide any information regarding the turnaround time for TPD or U.S. Inspector General's Office officials to notify TCCF officials of a reported sexual abuse incident.

The auditor notes that the non-official 115.51(b) Hotline number was tested in one housing unit each occupied by offenders representing all five contracts, by the PCM and the auditor. The auditor heard the dial tone and left a voice mail message.

Subsequently, within 1-15 minutes, the auditor reviewed each text message report on the PCM's cell phone. In comparison to the other telephone numbers provided by respective customers, the auditor notes that the aforementioned PREA Hotline was extremely efficient when tested.

Additionally, the auditor and PCM did test each respective telephone number, by contract telephone numbers provided by customer, and there was no return advisement of the test call by any receivers at the respective jurisdiction. With respect to South Carolina Department of Corrections, contact could not be made with the proposed receiver of the telephone call even via voice mail. The vast majority of test calls went directly to a messaging system.

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

In view of the above, the auditor finds TCCF non-compliant with 115.51(b). Policy clearly reflects that offenders can use TPD to communicate sexual abuse/harassment

incidents and the auditor finds the posters to constitute evidence of training regarding that procedure. While the offender handbooks direct the offender to the telephone numbers/addresses noted on the posters near the offender telephones and in the offender handbooks, the auditor notes that page 26 of the offender handbook does not coincide with the information reflected on the posters.

As reflected above, the PCM could not provide any information regarding the turnaround time for TPD or U.S. Inspector General's Office officials to notify TCCF officials of a reported sexual abuse incident. The PCM advises that there is no MOU or MOA with TPD regarding receipt of such reports and turnaround reporting practices. The auditor has not been provided any emails or memorandums wherein specific information regarding the turnaround time for TPD or U.S. Inspector General's Office officials to notify TCCF officials is addressed.

Given the above, the auditor finds TCCF non-compliant with 115.51(b) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.51(b). The corrective action due date is January 15, 2024.

To demonstrate compliance with and institutionalization of 115.51(b) requirements, the PCM will update all offender handbooks to reflect the most current information regarding 115.51(b) reporting. As the current handbooks require updating as described by the PCM, the same must be updated before the auditor can render a finding of substantial compliance with the standard.

Subsequent to amendment of relevant documentation, the PCM will upload the same to OAS and the auditor will render a compliance determination. The same content should also be included in the comprehensive education segment of 115.33(b).

In addition to the above, the auditor recommends that TCCF officials reach out to TPD officials to develop a written protocol regarding turnaround time for contact regarding mailed sexual abuse reports. The same should include specificity regarding communication channels, notification dates, and notification responsibilities, at a minimum. A detailed memorandum co-signed by the Warden/designee and Chief of Police/designee will suffice as evidence. Subsequent to upload of the memorandum, the auditor will make a determination regarding compliance.

November 6, 2023 Update:

The auditor's review of a memorandum dated October 16, 2023 from the TPD Interim Chief of Police reveals that subsequent to receipt of correspondence from TCCF offender(s) wherein sexual abuse is alleged, TPD official(s) will attempt to notify the facility within one working day of receipt of the same unless emergency circumstances dictate otherwise. Accordingly, the auditor finds TCCF partially compliant with 115.51(b).

December 16, 2023 Update:

The auditor's review of the offender handbooks for each jurisdiction reveals that the address for TPD is clearly reflected in the same. One offender handbook has been developed to address all state contracts and the same is uniform with respect to this reporting mechanism.

January 29, 2024 Update:

As previously mentioned, the auditor's review of the amended offender handbooks for Tallahatchie and now Hinds County Jail offenders, U.S. Marshal Service (USMS) detainees, Virgin Islands Department of Corrections (VI DOC) offenders, Vermont Department of Corrections (VDOC) offenders, South Carolina Department of Corrections (SC DOC), as well as, Wyoming Department of Corrections (WDOC) offenders, reveals that telephone numbers for the U.S. Inspector General's Hotline (USMS detainees), VI DOC, VDOC, South Carolina Department of Corrections (SC DOC) are reflected in the same. Additionally, the following header is reflected on the aforementioned poster(s):

To make a report of sexual abuse and sexual harassment outside of CoreCivic and the respective customer, you may write to TPD. The address is clearly articulated in respective documents for TPD.

The auditor's review of photographs taken in housing units reflects an informational cover memorandum addressing the changes in the respective offender handbooks, as well as, copies of the actual handbook amendments. This corrective action represents that last strategy for implementation and accordingly, the auditor now finds TCCF compliant with 115.51(b).

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

- Report in-person to staff, inclusive of medical staff;
- Existing PREA Hotline;
- Submit a written report;
- Submit an emergency grievance;
- Submit an email to staff via the tablet; and
- Third-party report.

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

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

- Verbal report to staff;
- Submit emergency grievance;

Written report;  
Submit report on an electronic tablet;  
Report via existing PREA Hotline;  
Submit via kite; and  
Third party report.

The auditor notes that he did observe grievance boxes throughout the on-site visit and found the same to be locked and secure. Boxes are located in areas accessible to offenders and grievances are collected by the grievance coordinator and ado staff.

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(1)(c and d) addresses 115.51(b) in totality. Pursuant to controlling policy, contact can be made with Tutwiler Police Department (TPD) pursuant to written report.

Twelve of 17 random offender interviewees assert they are allowed to make a report without giving their name.

According to the TCCF PCM, offenders can submit a written report to TPD to report a sexual abuse/harassment incident. Additionally, they can call their respective custodial agency as reflected on posters (telephone number reflected on the same) and leave a message.

The auditor notes that when facilitating test calls, the PCM advised that the telephone call was free of charge to the caller. The auditor observed that caller identification information was not required and therefore, the call was anonymous unless the offender provided identifying information. Additionally, requests for a personal pin number, etc. were not required when the test calls were placed as a general pin number can be used by all offenders to facilitate a Hotline call.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(b) addresses 115.51(c) in totality.

Eleven of 12 random staff interviewees state when an offender alleges sexual abuse or sexual harassment, he/she can do so verbally, in writing, anonymously, and from



third parties. All 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

Sixteen of 17 random offender interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Ten of 17 random offender interviewees further report someone else can make the report for the victim so he/she is not named.

Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. The Warden further asserts that staff private reporting methods include, but are not limited to, the following:

In-person reports to their supervisor, via email;

Ethics Line reports; and

Note(s) to their supervisor.

Staff are informed of these procedures by virtue of poster(s), email, training, Ethics Line, and roll call meetings. Additionally, corporate messaging uses PRC safety refresher documents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(h) addresses 115.51(d) in totality.

All 12 random staff interviewees assert staff can privately report sexual abuse and sexual harassment by any of the following methods:

Submission of a written report to the Warden/PCM/Administrative Duty Officer/supervisory staff/Human Resources;

Closed door verbal report(s) to the same staff;

Call Ethics Hotline;

Call PREA Hotline;

Email; and

Contact supervisor via telephone.

In view of the above, the auditor now finds TCCF substantially compliant with 115.51.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Pursuant to the PAQ, the Warden self reports the agency does not have an administrative procedure for dealing with offender grievances regarding sexual abuse. However, the Vermont Department of Corrections (VDOC) (TCCF customer) does have such a policy and accordingly, CC abides by relevant portions of the same.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(1)(e)(i and ii) addresses 115.52 in totality. All sexual abuse/harassment issues submitted as a grievance are immediately forwarded to the facility investigator or ado for investigation pursuant to this policy. On the other hand, VDOC Policy 320.01 entitled Grievance System, pages 1-9 addresses 115.52 in various respects. Additionally, a two page memorandum dated September 23, 2014 from the Commissioner of the VDOC addresses 115.52.</p> <p>The PCM self reports that although a grievance box is located in each unit, all PREA-related grievances are removed from the Grievance process and forwarded to the facility investigator, with the exception of Vermont offenders. As previously indicated, the Vermont contract (included in AOS materials) addresses only portions of 115.52. The PCM asserts that those provisions not addressed in the VDOC policy and Commissioner's memorandum are addressed pursuant to the CC protocol.</p> <p>Pursuant to the PAQ, the Warden asserts that zero grievances were filed that alleged sexual abuse during the last 12 months.</p> <p>Pursuant to the PAQ, the Warden asserts that agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Additionally, the Warden self reports that agency policy does not require an offender to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>The above provisions are addressed in the aforementioned memorandum and VDOC policy, as well as, 115.52(c), 115.52(d), 115.52(e), and 115.52(f).</p> <p>In view of the above, the auditor finds TRRC substantially compliant with 115.52,</p>
--	--

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Pursuant to the PAQ, the Warden self reports the facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving offenders mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations;

Giving offenders mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and

Enabling reasonable communication between offenders and these organizations in as confidential manner as possible.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3, 4, and 6) addresses 115.53(a) in totality. Pursuant to controlling policy, 115.53(a) services are available through Region One Mental Health Center.

The auditor notes that the aforementioned PREA Hotline poster mentioned in the narrative for 115.51 adequately provides the telephone number for Region One Mental Health Center. Similar posters, in terms of information provided, are available for each contract in those units wherein respective offenders are housed.

Additionally, as an example, page 25 of the 2022 TCCF U.S. Marshal Prisoner Handbook reflects a telephone number and address for Region One Mental Health Center. While the telephone numbers reflected in this 2022 edition handbook differ from the aforementioned poster(s) (current edition), the auditor finds that offenders do have adequate resources to effectively contact Region One Mental Health Center.

The posters are affixed in the offender telephone bank area and they are presented in both English and Spanish. Pursuant to the PCM, the aforementioned handbook is reportedly under review and amendments will be included in the 2023 edition.

Given the above, the auditor tested the telephone number reflected in the 2022 handbook edition to test the Region One Mental Health Center victim advocate access line. He contacted what appeared to be a general business telephone number with a six line menu, none of which addressed victim advocacy or assistance if the caller had been sexually abused. Upon contact with the operator, the auditor was referred to a supervisor. During the process, the auditor was unable to make contact with a victim advocate within the context of 115.53(a). In other words, the auditor was not directed to a Hotline for such incidents.

In view of the above, the auditor finds TCCF non-compliant with 115.53(a) and accordingly, he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.53(a) requirements. The due date for corrective action completion is January 15, 2024.

To demonstrate compliance with and institutionalization of 115.53(a) requirements, the PCM will collaborate with officials at Region One Mental Health Center to develop a viable Hotline for follow-up emotional support for offenders subjected to sexual abuse. Subsequent to completion of this task, the PCM may have to revise the offender handbooks to clearly describe the steps the caller will take to solicit necessary follow-up support.

As the current handbooks require updating as described by the PCM, the same must be updated before the auditor can render a finding of substantial compliance with the

standard. Subsequent to amendment of relevant documentation, the PCM will upload the same to OAS and the auditor will render a compliance determination. The same content should be included in the comprehensive education segment of 115.33(b).

The auditor's review of five posters entitled CC PREA Hotline clearly reflects three digit telephone numbers for Region One Mental Health Center. Pursuant to review of each poster, a defined pin number must be entered, as opposed to, an offender's pin number. As mentioned in the narrative for 115.51, personal information is not required when facilitating telephone calls to the reporting source(s) or Region One Mental Health Center. Clearly, placement of such telephone calls is confidential. Additionally, such telephone calls are not monitored based on the assertion of the PCM, as well as, notations on relevant documentation.

February 7, 2024 Update:

During the auditor's previously mentioned test of the Emotional Support Line, he determined that Region One Mental Health Center is now Region Six. A Hotline has been established and the same is staffed on a 24-hour basis by a mental health professional. While a recorded line to Region One Mental Health was previously available by dialing 7-1-1 (the auditor has learned that the same routes to a voice mail) from an offender telephone, the new telephone line is established as 1-866-453-6216. The facility investigator has posted both the aforementioned telephone number, as well as, the address for Region Six Mental Health on bulletin boards throughout the facility.

When questioned, the facility investigator advised that when calling the aforementioned telephone number, the offender neither keys or provides any identifying information. Specifically, the offender is not required to key his/her offender number or a pin number unique to his/her name. A standard pin number is identified on the posters available in each housing unit, as well as, the amended offender handbooks for respective units. Additionally, the offender is not charged to make such telephone calls. A copy of the respective amended offender handbook is likewise posted in the affected housing units. Offenders have sufficient informational resources to navigate 115.53(a) requirements.

On February 7, 2024 at 3:30PM CST, the auditor listened as the facility investigator facilitated a test of the Region Six Mental Health Center Hotline. The investigator completed the telephone call to the aforementioned Hotline telephone number on an offender telephone located in a housing unit. The investigator placed his cell phone on the receiver and the auditor was able to discern the dialogue between the Hotline mental health practitioner and the investigator. The investigator was able to complete the test call.

Twelve of the 17 random offender interviewees are aware that services are available outside of the facility for dealing with sexual abuse, if needed. Sixteen interviewees report they do not know the name of the service and one interviewee states that Region One Mental Health Center is a designated service as noted on the

aforementioned posters. Twelve of 17 random offender interviewees state that such information is addressed pursuant to the aforementioned posters, offender handbooks, in a pamphlet, or pursuant to contact with staff. Fifteen interviewees report such calls are free and 16 interviewees report they can make contact with staff from such agencies during scheduled telephone times and if they request access to the telephones for the expressed purpose of making such contact.

The PCM asserts that zero offenders who reported sexual abuse incidents were housed at TCCF during the on-site visit and accordingly, such interview(s) could not be conducted. The auditor's cursory review of a roster provided on the first day of the on-site visit resulted in confirmation of the same pursuant to comparison of the investigation roster against the offender roster.

Given the documents provided to offenders at intake, during the education process, and the information noted on the aforementioned posters, all offenders have sufficient access to relevant information.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section F(5)(a and b) addresses 115.53(b) in totality.

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

All 17 random offender interviewees assert they believe the dialogue with people from these services remains private. Five of the 17 interviewees state that the conversations could be told to or listened to by someone else when there is discussion regarding criminal activity, self injurious or homicidal ideations, or personal physical injury.

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

Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of Understanding (MOU) or other agreement with community service providers that are able to provide offenders with emotional support services related to sexual abuse. The Warden further self reports the facility maintains a copy of the agreement.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section F(1 and 2) addresses 115.53(c) in totality.

The auditor's review of an MOU between CC and Region Six Mental Health Center

reveals the same does not address provision of emotional support services related to post sexual abuse incidents. Accordingly, the auditor finds TCCF non-compliant with 115.53(c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.53(c) requirements. The due date for corrective action completion is January 15, 2024.

To demonstrate compliance with and institutionalization of 115.53(c), the PCM and Corporate staff will amend the aforementioned MOU to include 115.53(c) requirements. Subsequent to amendment completion, the PCM will forward the same to Regional One Mental Health Center officials for signature. Upon completion of the same, the auditor will review for compliance.

August 1, 2023 Update:

The auditor has been provided a copy of the amended MOU, as referenced above, and he finds the same to contain adequate language pertaining to 115.53(c) requirements. According to the PCM, the same has been forwarded to Region Six Mental Health Center officials for signature. Once signed, the PCM will upload the same to OAS and the auditor will subsequently render a compliance finding.

February 7, 2024 Update:

The auditor attempted telephonic contact the administrator of Region Six Mental Health to determine the status of the aforementioned MOU, in follow-up to a memorandum issued by the TCCF Health Services Administrator (HSA). Specifically, the HSA states that he engaged in conversation with the administrator of Region Six Mental Health (on-site at Region Six) regarding the MOU and she advised that the same had been verbally approved and she was working the document towards signature. Given the fact that the auditor was not able to contact the administrator of Region 6 on February 7, 2024 and he subsequently left a voice mail, he again attempted telephonic contact with the administrator on February 13, 2024. Again, there has been no response to the voice mail and accordingly, he was not able to validate the HSA's assertion.

Based on the corrective action evidence articulated in the August 1, 2023 and both February 7, 2024 Updates, the auditor now finds TCCF substantially compliant with 115.53.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of offender sexual abuse or sexual harassment. The Warden further self reports the same can be accomplished through submission of a letter to the facility or Facility Support Center (FSC), Ethics Line advertised in the visitation area and on the public website, and telephone calls to staff/Warden/FSC.</p> <p>Pursuant to the auditor's review of the CC website, any offender or third-party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The facility address, telephone number, and name of the Warden are clearly documented on the website. Reports can also be reported on-line to the CC Ethics Division. The Warden further self reports the agency or facility distributes information to offenders regarding methods to report offender sexual abuse or sexual harassment.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section 2(h) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at 1-800-461-9330 or through <a href="http://www.CoreCivic.ethicspoint.com">www.CoreCivic.ethicspoint.com</a>.</p> <p>The auditor's review of the CC website reveals option(s) for third-party reporting. Additionally, posters are hung in the visiting room for public consumption regarding incident reporting. The posters are written in concise, understandable terms and the same are not obscured.</p> <p>On August 8, 2023, the auditor did test the CC Ethics Line by submission of an on-line written report. The auditor received email verification that the test report was forwarded to TCCF staff at 12:59PM on the same date. The auditor finds that the process is "user-friendly."</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.54.</p>
--	--

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p> <p>Any retaliation against offenders or staff who reported such an incident;</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(a) addresses 115.61(a). CC PCN 14-2(03) entitled Sexual Abuse Prevention and Response, page 2, section Change To: K(2)(a) expounds upon CC Policy 14-2.

The auditor's review of seven alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse.

All 12 random staff interviewees assert agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;

Retaliation against offenders or staff who reported such an incident; and

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

Minimally, all interviewees state these issues must be reported immediately to the shift commander, unit manager, cos, or the PCM.

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(e) addresses 115.61(b).

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

According to the medical (med) and mental health (mh) interviewees, disclosure of confidentiality limitations and duty to report is provided to offenders prior to initiation of services. The medical and mh interviewees state that Informed Consent is addressed with the offender and the same is documented in the notes. Minimally, this requirement is policy, licensure, and HIPPA driven. Similarly, reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The med interviewee reports such incidents to the health services administrator/clinical supervisor/ or shift commander while the mh interviewee reports to the PCM or any member of SART.

Both interviewees state they have not become aware of an incident during the last 12 months at TCCF.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section



	<p>M(11)(f) addresses 115.61(d).</p> <p>The Warden asserts no individuals under the age of 18 are currently housed at TCCF however, if a Tallahatchie County Jail resident under the age of 18 was housed at TCCF, Child Protective Services (CPS) would be contacted. The customers with whom TCCF contracts would be contacted with respect to sexual abuse of any vulnerable adult(s) and they would make further notifications.</p> <p>According to the CCPC, state law dictates reporting requirements and as such, in most states, notification to law enforcement and the partner agency triggers notification to other affected agencies.</p> <p>The PCM asserts zero reports of sexual abuse applicable to offenders under the age of 18 or vulnerable adults were referred to social services agencies, etc. during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section M(11)(a-c) addresses 115.61(e).</p> <p>The Warden asserts the investigator is notified of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, by either him (the Warden) or ado staff. If a report is received pursuant to the Hotline, all ado staff receive a text, inclusive of the investigator. Electronic inmate requests are checked daily by administrative staff and ado staff on weekends.</p> <p>The auditor's review of investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment is reported.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.61.</p>
--	---

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports when the agency or facility learns an offender is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, there was zero instances wherein the facility determined an offender was at substantial risk of imminent sexual abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section M(1)</p>

	<p>addresses 115.62(a) in totality.</p> <p>The Agency Head interviewee advises immediate removal of the potential victim from the area is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator would be placed in segregated housing status. The contractual requirements of the partner will dictate the ability to transfer the potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.</p> <p>The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. SART assesses the threat level and the matter is simultaneously investigated. The potential victim may be placed in another housing area. He further asserts he could work with the respective customer jurisdiction to relocate the potential victim if circumstances dictated the same. If movement of the perpetrator is warranted, coordination with the appropriate customer based on the contract, would be an option.</p> <p>Eleven of 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he/she is in imminent danger of sexual abuse. The one additional random staff interviewee states the potential victim would be removed from the danger zone real soon. The incident is subsequently reported to the shift commander.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.62.</p>
--	---

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an offender was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports that the facility PREA coordinator at the facility where the alleged assault occurred would be notified and the Warden at that facility would be notified, by letter, from the Warden at TCCF.</p> <p>The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received at TCCF where an inmate was abused while confined at another facility. However, pursuant to review of two reports included with PAQ documentation, the auditor finds that two 115.63 notifications were completed during the last 12 months.</p> <p>Pursuant to the auditor's review of the aforementioned documentation, he finds that</p>

two U.S. Marshal Service offenders reported prior institutional sexual abuse on one occasion each in May and June, 2023. With respect to the May, 2023 report, the same was reported on May 4, 2023 and a written notification to the Sheriff of the identified facility was completed on May 8, 2023. With respect to the June, 2023 report, the same was reported on June 8, 2023 and the written report was completed on June 9, 2023.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 22 and 23, section 17(a)(i) addresses 115.63(a) in totality.

Pursuant to the PAQ, the Warden self reports agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

A discussion regarding the specifics of the two scenarios reveals that one matter was handled in accordance with 115.63(b) while the other matter was addressed one day subsequent to the 115.63(b) parameter.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 22 and 23, section 17(a)(i) addresses 115.63(b) in totality.

Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

115.63(c) findings are addressed in the narratives for 115.63(a) and (b).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 22 and 23, section 17(a)(iii) addresses 115.63(c) in totality.

Pursuant to the PAQ, the Warden self reports TCCF requires that allegations received from other facilities/agencies are investigated in accordance with PREA standards.

The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at TCCF.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 22 and 23, section 17(b)(i-iii) addresses 115.63(d) in totality.

The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call or notification letter. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action.

The report is then added into the incident reporting system and PREA protocols are initiated.

The Warden asserts a full investigation is initiated by the facility investigator. To the best of the Warden's knowledge, one such report was received at TCCF during the last 12 months.

	<p>The auditor's review of that investigation reveals that the alleged victim has provided no evidence as to the name or identity of the assailant, time, date, place, etc. from which to conduct any meaningful investigation. Accordingly, the allegation was determined to be unsubstantiated and closed pending receipt of additional information.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.63.</p>
--	---

<b>115.64</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an offender was sexually abused, the first security staff member to respond to the report:</p> <p>Separates the alleged victim and abuser;  Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence;  If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and  If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>The Warden further self reports that in the last 12 months, four allegations of offender sexual abuse have been reported. Of these allegations of sexual abuse reported during the last 12 months, the first security staff member to respond to the report separated the alleged victim and abuser on each occasion. The first security staff member to respond to the report secured the crime scene on one occasion. Staff were notified within a time period that still allowed for the collection of physical evidence on one occasion and accordingly, staff requested that the victim not destroy physical evidence and ensured that the perpetrator did not destroy physical evidence.</p> <p>The auditor's review of three of the aforementioned sexual abuse investigations completed during the last 12 months reveals that the victim and perpetrator were</p>

separated in two cases. In the third case, the perpetrator was unknown however, the victim was removed from the facility for a forensic examination and accordingly, the first responder requested that he not destroy physical evidence.

In the remaining case, the perpetrator was no longer employed at the facility and accordingly, separation was already accomplished. Given the fact pattern of the incident, the remaining three first responder steps were not employed.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, sections M(2)(a-d), (5), and (6) address 115.64(a) in totality.

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

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section M(3) addresses 115.64(a) in totality.

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

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

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18-27, sections L through S addresses 115.65(a).</p> <p>The auditor's review of the PREA TCCF Coordinated Response Plan, as scripted in the above policy and unique to TCCF, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the designated stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s).</p> <p>The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts CC Policy 14-2 captures specific coordinated response procedures unique to TCCF.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.65.</p>
--	--

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Agency Head interviewee advises that CC, as an agency, has entered into and/or renewed collective bargaining agreements since August 20, 2012. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any offender pending an investigation or disciplinary action.</p> <p>As the auditor finds no deviation from standard, he finds TCCF substantially compliant with 115.66.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The PREA investigator monitors staff while the mental health coordinator monitors offenders/detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 21 and 22, section M(16)(b)(ii) addresses 115.67(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(16)(b)(ii) addresses 115.67(b).

According to the Agency Head interviewee, for both offenders and staff who have reported allegations of sexual abuse, monitoring is provided for a 30/60/90 day period (longer, if needed) to protect against retaliation by offenders or staff. These reviews are documented on a policy attachment. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with offenders and shift changes, etc. for staff. These reviews also occur for victims of sexual harassment/sexual abuse. Policies and practices prohibit retaliation for any reason and this premise is included in staff training. Any violations are acted upon accordingly.

The retaliation monitoring interviewee states that he is aware, by virtue of his role in sexual abuse incidents, of the victims of sexual abuse and accordingly, he reaches out to them, advising of the retaliation monitoring process. He closely monitors staff and offender actions to determine the likelihood of retaliation. While he is assigned to monitor staff victims of sexual abuse and retaliation, he has monitored both staff and offenders.

The retaliation monitor interviewee states that he ensures the perpetrator, if known, is housed in RHU. If prudent, he facilitates movement of the victim to another housing situation. He recommends that staff and/or offenders are offered emotional support via the Employee Assistance Program (EAP-staff) or increased mental health services for offenders. Dependent upon the circumstances in terms of safety, he may request transfer of the victim.

With respect to staff, shift/assignment changes, as well as, transfer to another CC facility may be acceptable strategies to circumvent retaliation. The auditor notes that the Warden concurs with the above strategies and he did not wish to add any additional strategies.

Retaliation monitoring meetings are facilitated at least once every 30 days.

Additional check-ins are documented in case management notes or on the 14-2D forms. Retaliation monitoring meetings are documented on the 14-2D form.

As previously mentioned in the narrative for 115.43, zero offenders were housed in

segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse. Likewise, zero offenders who reported a sexual abuse incident were housed at TCCF during the on-site visit.

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 21 and 22, section M(16)(b)(i, ii, iv, v, vi, and vii) addresses 115.67(c).

The auditor's review of all random PREA Retaliation Monitoring Reports relative to the four sexual abuse cases completed during the last 12 months reveals substantial compliance with 115.67(c). The documents reflect monitoring at 30/60/90 day intervals in appropriate cases. In one case, the offender was transferred to U.S. Marshal Service custody within one month of commencement of retaliation monitoring and during that time, he recanted the allegation. The same withstanding, evidence reveals that one month of retaliation monitoring was completed. In another case, retaliation monitoring was properly initiated for 30 days and the offender was released from TCCF the following month. In a third case, retaliation monitoring was conducted for one month and the investigation subsequently resulted in an unfounded finding. Accordingly, retaliation monitoring was terminated. With respect to the fourth case, retaliation monitoring continues into the third month with proper documentation.

In regard to offender and staff victims of retaliation, changes in behavior, isolation, injuries, increased accrual of disciplinary charges, decompensated hygiene, increased sick calls, and decreased appetite may be key indicators of retaliation. Additionally, an increase in call-offs, tardiness, decreased productivity, increase in shift and post reassignment requests, and lack of interaction with other or specific staff may be key indicators to monitor with staff. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(16)(b)(ii and viii ) addresses 115.67(d).



	<p>As previously mentioned, the auditor notes that periodic status checks are documented in case management notes or on the 14-2D forms. Retaliation monitoring meetings are documented on the 14-2D form.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(16)(b)(x) addresses 115.67(e).</p> <p>When a staff or offender who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he receives the same benefits and treatment as articulated in the narratives for 115.67(b), (c), and (d) above.</p> <p>The auditor has found no evidence reflecting that another staff member or offender, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.67.</p>
--	--

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero offenders alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, section entitled Restrictive Housing addresses 115.68(a).</p> <p>The Warden asserts that agency policy prohibits placing offenders at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined there are no alternative means of separation from potential abusers. Generally, such temporary placements [following an initial finding regarding alternative placement(s)] would be</p>

limited to 72 hours to five days, if they occurred at all. The Warden further asserts an offender may request protective custody placement in segregated housing. One involuntary segregation placement based on 115.68 issues, has occurred during the last 12 months.

Upon further inquiry, the auditor learned (from the investigator) that one offender who alleged sexual abuse was removed from the facility for a forensic examination and upon return from the same, he stated he did not want to return to the general population. The basis for his decision centered on his allegations regarding sexual abuse by multiple offenders. As reflected throughout this report, the offender recanted his allegations stating that he dreamed the scenario. Following the same, he still maintained his posture, stating that he did not want to return to the general population.

The staff who supervises offenders in segregated housing interviewee states that offenders would only be placed in RHU pending investigation for other matters or at their request. If offenders are involuntarily placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (Chaplains make weekly rounds and address any requests. Additionally, a step-down program is available to offenders to assist with general population transitioning.);

Privileges (Recreation is provided five days per week times one hour each recreation day. Telephone is available to offenders);

Education (Individually tailored Education classes are available to the offender via tablet); and

Work opportunities (porter work assignments are available to offenders pursuant to approval of the assistant chief of security and a designated lieutenant).

Of note, the interviewee states that offenders, in general, housed in RHU can request religious services materials, and library books. Recreation, telephone privileges, visitation, and commissary are privileges afforded to RHU offenders.

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR). The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. Of note, during the facility tour, the auditor observed the CAR process and information provided on the same.

Restrictions can be placed subsequent to approval of the Warden. Feeding on styrofoam trays is one example of such restrictions.

The staff member who supervises offenders in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody.

The auditor finds that the 115.68(a) process is in place should the need arise.

	<p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>The staff member who supervises offenders in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.68.</p>
--	--

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by TPD investigators. Administrative Investigations are conducted by facility investigator(s).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section N(2) and (4) addresses 115.71(a) in totality.</p> <p>The administrative investigative staff interviewee asserts if he is on site, the investigation commences immediately. The investigation commences with the shift commander. If a report of sexual abuse is received during non-regular business hours, he reports to the facility for all sexual abuse cases. In the event of a sexual harassment case, the shift commander assumes initial investigative and notification duties and the interviewee provides guidance regarding first responder duties. Ordinarily, the administrative investigator commences the investigation the next day.</p> <p>The administrative and criminal investigative interviewees state that there is no difference in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report. The investigative process may be complicated by the same as the victim must first be identified by the investigator and lack of the same elongates the process.</p> <p>The auditor's review of seven sexual abuse/harassment investigations reveals substantial compliance with 115.71.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section N(5) addresses 115.71(b) in totality with respect to the conduct of administrative investigations.</p> <p>The auditor's review of the TCCF PREA investigator's training records is addressed in the narrative for 115.34. The auditor's review of the lesson plan for the course(s)</p>

reveals discussions regarding techniques for interviewing sexual abuse victims, implementation of Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

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

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(a) addresses 115.71(c) in terms of gathering and preservation of evidence.

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

Shift commander ensures first responder duties are completed (10-30 minutes);  
Check the crime scene, ensuring the same is secure and commence crime log (15 minutes);  
Report to Medical, review allegations, and conduct a threshold interview with the victim (30-45 minutes);  
Ensure that any identified witnesses or perpetrators are secured (10-15 minutes);  
Interview witnesses (15-20 minutes per witness);  
Review video and logs [30 minutes to day(s)];  
Review offender files for key information related to predatory sexual behavior, history of sexual victimization, history of reporting (10 minutes per file);  
Review incident logs for connections between victim and perpetrator(s) (15 minutes);  
Interview perpetrator (zero to two hours);  
Facilitate re-interviews, if necessary (10 minutes per interviewee); and  
Write report (two to hour hours).

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

Facility staff report the sexual abuse incident to TPD and the status of their administrative investigation. If the incident just occurred, the interviewee would immediately initiate his criminal investigation.

The chief of police/criminal investigator reports on-site and reviews the entirety of the administrative investigation until that point in time. Specifically, he checks and evaluates completion of 1st Responder duties and the existence of any physical evidence.

The chief of police/criminal investigator re-interviews the victim, perpetrator, and witnesses.

Review video, telephone monitoring, files, etc. and secure the same as evidence.

Conduct victim, perpetrator, and witness re-interviews as necessary.

Write the investigative report, inclusive of assessment of culpability. Share findings with the district attorney for prosecution consideration.

The administrative investigative interviewee states he is responsible for review and processing of video, logs, statements, reports, and any linking facility documentation. The criminal investigative interviewee states that he collects any physical evidence (sheets, clothing, bedding, letters, semen, DNA, telephone/video monitoring and files).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(b) addresses 115.71(d) with respect to the use of compelled interviews.

According to the administrative investigative staff interviewee, TPD handles all prosecution liaison and compelled interviews. The criminal investigative interviewee states he is not required to consult with the district attorney regarding any interviews.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(c) addresses 115.71(e) with respect to victim and witness credibility.

The administrative and criminal investigative interviewees state they assess credibility of an alleged victim, suspect, or witness by the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the interviewees more believable than not? Witnesses, victim, and perpetrators are considered believable until impeachable evidence dictates otherwise.

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

The PCM asserts zero offenders who reported a sexual abuse incident at TCCF were housed at the facility at the time of the on-site visit. However, the auditor did interview an offender who reported a sexual harassment incident that occurred at TCCF during the last 12 months. He stated that he was not subjected to a polygraph test or other truth-telling device as a pre-requisite to completion of the investigation.

The administrative investigative staff interviewee states he checks the fact pattern, timeline, and evidence against the Code of Conduct and policy to determine if any Code of Ethics issues are existent.

In regard to report preparation, the administrative investigative staff interviewee states he does document administrative investigations in written reports. The

following topics are included in the report:

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

Interview(s);

Indirect evidence credibility analysis;

Conclusion(s); and

Finding(s).

The criminal investigative interviewee states that the police narrative identifies investigative steps and evidentiary findings. All relevant evidence is addressed in the same, along with an analysis of how the same substantiates the finding.

The auditor notes that during the facility tour and interviews, he observed locked file cabinets in the administrative investigative staff interviewee's locked office wherein all hard copy investigations are housed. Electronic copies are retained in the interviewee's password protected desktop computer. The auditor found no concerns.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(f) addresses 115.71(g) with respect to the contents of the criminal report.

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

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by TPD. The Warden further self reports one substantiated allegation of conduct that appeared to be criminal was referred for prosecution since the last PREA audit.

The criminal investigative interviewee states that he refers case(s) for prosecution when a violation of state criminal statutes is substantiated with evidentiary probable cause.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(e) addresses 115.71(h) in totality with respect to criminal prosecution.

The administrative investigative interviewee asserts he does not refer cases for prosecution as the same falls under the purview of TPD.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(g) addresses 115.71(i) with respect to retention of investigatory records.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section O(6)(d) addresses 115.71(j) in totality.

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(5) addresses 115.71(l) in totality.

The Warden and PCM assert that the administrative facility investigator remains in routine contact with TPD investigator(s) to obtain case updates. Such communication is accomplished by email, telephone calls, and texts. The CCPC relates that, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. However, generally, designated facility staff follow-up with the outside agency on a schedule determined at the local level.

The administrative investigative staff interviewee states TPD facilitates the criminal investigation in entirety and he provides support as a liaison/facilitator and assists with investigative organization, interviews, etc.

Of note, the auditor's review of emails and inquiries regarding the status of criminal investigations reveals substantial compliance with 115.71(l).

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

--	--

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section N(8) addresses 115.72.</p> <p>The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can be described as more evidence is present that the incident occurred than not. The criminal investigative interviewee states that the criminal standard of proof for prosecution referral is probable cause.</p> <p>The auditor's on-site review of seven investigations reveals substantial compliance with 115.72(a).</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.72.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any offender who makes an allegation he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports six criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and six alleged offender victims were notified, verbally or in writing, upon completion of the sexual abuse investigation regarding 115.73(a) findings. The auditor's review of seven investigations completed during the last 12 months reveals that four cases met the standard for sexual abuse .</p>



CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(1) addresses 115.73(a).

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

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

The auditor's review of all four alleged sexual abuse investigations reveals that the requisite notification was provided to the victim in one of the four cases. The TCCF administrative investigative staff issued a properly executed Offender PREA Allegation Status Notification to the alleged victim in that case, addressing the finding. In another case, the matter was referred to TPD for criminal investigation and the alleged victim was released to Federal Bureau of Prisons (FBOP) custody on March 10, 2023. In a third case, the alleged victim recanted his allegation stating that he dreamed the same. In the fourth case of alleged sexual abuse, the alleged victim was released to FBOP custody on May 2, 2023.

In view of the above, the auditor finds that TCCF is substantially compliant with 115.73(a). Of note, in two of the remaining three cases, the alleged victim was removed from TCCF custody and accordingly, notification is not required pursuant to 115.73(f). Additionally, the single case wherein the alleged victim recanted does not require notification.

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

The Warden further self reports two alleged offender sexual abuse investigations were completed by an outside agency during the last 12 months. Reportedly, the two alleged victims were notified of 115.73(a) findings. Upon further review by the auditor, he determined that in one of these two cases, the criminal investigation has not yet been completed. As reflected above, the alleged victim in this criminal matter was released to FBOP custody prior to completion of the criminal investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(1) addresses 115.73(b).

The auditor's review of the two administrative investigations referenced in this narrative reveals substantial compliance with 115.73(b) in terms of contact with TPD regarding the status of the investigations.

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

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

The staff member is no longer employed at the facility;

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

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

The auditor finds that two reports of sexual abuse allegedly committed by a staff member against an offender at TCCF during the last 12 months, are still pending decision by law enforcement. These cases were administratively determined to be unfounded. The remaining staff on offender sexual abuse allegation was determined to be unfounded pursuant to both administrative and criminal investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(2) addresses 115.73(c) in totality.

In view of the above and the lack of evidence substantiating non-compliance, the auditor finds TCCF substantially compliant with 115.73(c).

As zero offenders who reported sexual abuse were housed at TCCF during the on-site audit, such interviews could not be facilitated.

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

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(3) addresses 115.73(d).

The single offender-on-offender sexual abuse victim interviewee recanted his allegation as reflected in the narrative for 115.73(a). Accordingly, the auditor has determined that 115.73(d) is not applicable. Accordingly, there is no evidence requiring that 115.73(d) notifications be issued.

Pursuant to the PAQ, the Warden self reports that all notifications to offenders described in this standard are documented. The Warden further self reports that four documented notices were provided to victims of sexual abuse as described in 115.73(a-d).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(4)

	<p>addresses 115.73(e) in totality.</p> <p>Given the findings articulated in the narrative for 115.73(a), the auditor finds TCCF substantially compliant with 115.73(e).</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.73.</p>
--	---

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 36, section S(2)(a) addresses 115.76(a).</p> <p>Pursuant to the PAQ, the Warden self reports zero active facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 36, section S(2)(b) addresses 115.76(b).</p> <p>Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reportedly, during the last 12 months, zero facility staff were disciplined. short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p>Of note, the auditor validated the same pursuant to review of all sexual abuse/harassment investigations completed during the last 12 months.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 37, section S(2)(c) addresses 115.76(c).</p>

	<p>Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, one staff member from the facility was reported to TPD following the administrative investigation. The licensing agency component is not relevant to this staff member based on job titles, job requirements, or job responsibilities. As previously noted, one of the staff member subjects was no longer employed by CC at the time of the alleged incident.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 37, section S(2)(d) addresses 115.76(d).</p> <p>Pursuant to the auditor's review of all investigations completed during the last 12 months, he finds that pursuant to the fact pattern in the aforementioned case, the employee had resigned from employment prior to the actual incident. The matter was referred to TPD for criminal investigation and reportedly, they are searching for the ex-employee. This information is validated in the investigative packet.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.76.</p>
--	---

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of offenders.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(e) addresses 115.77(a).</p> <p>Pursuant to the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of</p>

	<p>agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(f) addresses 115.77(b).</p> <p>The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, offenders. If the investigation is substantiated, privileges would be rescinded on a permanent basis. Additionally, the incident or allegation would be referred to both law enforcement and relevant licensing bodies in the event of a substantiated case.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.77.</p>
--	---

<b>115.78 Disciplinary sanctions for inmates</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse. The Warden further self reports offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for offender-on-offender sexual abuse.</p> <p>Pursuant to the auditor's review, during the last 12 months, there was one administrative finding of offender-on-offender sexual harassment that occurred at the facility. Pursuant to the auditor's review of the aforementioned investigation, he finds the same to be validated.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(1)(a) addresses 115.78(a).</p> <p>According to PAQ documentation, there has been zero incidents of disciplinary sanctions imposed on offenders during the last 12 months for:</p> <p>Administratively substantiated offender-on-offender sexual abuse; or</p> <p>A criminal finding of guilt for offender-on-offender sexual abuse, nor for offender-on-staff sexual contact/abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(1)(c) addresses 115.78(b).</p> <p>The Warden asserts varying degrees of sanctions are available pursuant to the CC</p>

disciplinary process. Staff write the misconduct report, a designated sergeant investigates the report, and a trained discipline hearing officer (dho) conducts the administrative hearing. Recommended disallowance of good time in applicable cases, placement in the Restricted Housing Unit (RHU) for up to 30 days, or return to the customer's custody are allowable sanctions available to the disciplinary team following the full panoply of due process rights.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the offender's disciplinary history, and the sanction(s) imposed for similar offenses by other offenders with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy. Specifically, the dho can refer the offender to mental health staff whenever potential competency questions arise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(1)(d) addresses 115.78(c).

Pursuant to the PAQ, the Warden self reports the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility does not consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits as such services are voluntary.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(i) addresses 115.78(d).

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(e) addresses 115.78(e).

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(g) addresses 115.78(f).

	<p>During the last 12 months, zero disciplinary actions occurred for a report of sexual abuse made in bad faith.</p> <p>Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between offenders. The Warden further self reports the agency disciplines offenders for such activity only if it is determined the sexual abuse activity is coerced.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(f) addresses 115.78(g).</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.78.</p>
--	--

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports all offenders at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, 100 percent of offenders who disclosed prior victimization during screening were offered a follow-up meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 9 addresses 115.81(a and c).</p> <p>When questioned, the PCM asserts that 75 offenders who reported sexual abuse during a screening pursuant to 115.41 received a follow-up contact with mental health practitioners within 14 days of the screening.</p> <p>The auditor's review of random documents entitled Alert Type, bearing dates of system entry and the outcome of 115.41 initial and reassessments, along with corresponding Comprehensive Mental Health Evaluation forms for four separate offenders, reveals that 115.81(a) referrals were submitted to mental health professionals and meetings/evaluations were completed within 14 days of arrival at the facility.</p>

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

The offender who disclosed sexual victimization at risk screening interviewee states that he reported the sexual victimization at intake. He subsequently spoke to the mental health coordinator the next day.

Pursuant to the PAQ, the Warden self reports if offenders previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, 100 percent of prison offenders who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, were offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 8 addresses 115.81(b).

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

The auditor's review of random documents entitled 115.81-115.83 PREA Risk Assessment Medical and Mental Health, along with corresponding Comprehensive Mental Health Evaluation forms for four separate offenders, reveals that 115.81(b) referrals were submitted to mental health professionals and evaluations were completed within 14 days of screening.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. According to the PCM, investigative and classification personnel have access to institutional history (PREA victimization at other facilities, etc.).

As mentioned throughout this report, hard copies of investigative materials, inclusive of forensic medical documentation associated with the respective investigation, as well as, digital information are securely maintained by the investigator. Medical/ mental health information is likewise stored in password protected systems and hard



	<p>copies of referral documentation are stored in secure files in mh staff secured offices and medical files in the Medical Department.</p> <p>Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 17 and 18, section K(2)(g) addresses 115.81(e).</p> <p>The mental health and medical interviewees state, as a matter of routine, they do ensure that they advise offenders regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. The verbal informed consent is documented in the notes.</p> <p>In view of the above, the auditor finds TCCF is substantially compliant with 115.81.</p>
--	---

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The auditor's review of one sexual abuse investigation reveals that the offender was removed from the facility for a forensic examination. Review of two Refusal to Accept Medical Treatment documents reveals that the offender refused medical treatment at both TCCF and the hospital at which the forensic examination was to be administered. The offender refused to sign one document while he did sign the other document.</p> <p>The medical and mental health interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention</p>

services. This occurs almost immediately following decision-making and a brief life-saving medical examination at TCCF. The nature and scope of these services are determined according to the professional judgment of the provider, in addition to the physician, if available.

As previously noted, zero offenders who reported a sexual abuse allegation were confined at TCCF during the on-site visit and accordingly, the requisite interview could not be facilitated. One offender who reported a sexual harassment allegation was interviewed and he stated that he met with a mental health professional within four hours of an administrative investigative interview.

The non-security and security staff first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. Accordingly, the auditor finds no evidence validating non-compliance with 115.82(b). Additional information regarding 1st Responder duties is articulated in the narrative for 115.21(a). Additionally, seven of twelve random staff interviewees state that they would report the sexual abuse incident to medical and mental health staff.

The auditor's review of the fact pattern in the aforementioned investigation reveals no concerns with first responder duties employed throughout the incident.

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

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(10) addresses 115.82(c).

The medical staff interviewee states victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis. He states such information is provided at the hospital in conjunction with the forensic examination.

Pursuant to the PAQ, the Warden self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 13-79 entitled Sexual Assault Response, page 6, section B(16) addresses 115.82(d).

The auditor has not found evidence suggesting that any charges were assessed to victims of sexual abuse at TCCF during the last 12 months.

	In view of the above, the auditor finds TCCF substantially compliant with 115.82.
--	---

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 5, section B(11) addresses 115.83(a).</p> <p>Pursuant to the auditor's review of one sexual abuse investigation wherein the offender victim was removed from the facility for a forensic examination, he finds that the victim declined, in writing, treatment at both TCCF and the forensic examination. Subsequently, he recanted the allegation, stating he must have dreamed that the multiple incidents occurred.</p> <p>Pursuant to the PAQ, the Warden self reports that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 5, section B(12) addresses 115.83(b).</p> <p>In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states he takes vitals and facilitates an unclothed body inspection, if necessary, looking for cuts, bruising, tearing, etc. If the same is discovered, basic first-aid is administered. Basic threshold questioning is accomplished to determine the potential extent of the injury.</p> <p>The mental health staff interviewee states she reaches out to the victim and offers a voluntary assessment. She facilitates threshold questioning of the victim and attempts to calm him/her. Once the victim returns from the hospital, she educates him/her regarding available services.</p> <p>Based on the auditor's review of the four sexual abuse investigations, there is no</p>

evidence of failure to comply with the requirements of 115.83(b).

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

CC Policy 13-79 entitled Sexual Assault Response, page 5, section B(13) addresses 115.83(c).

Both the medical and mental health staff interviewees state that services offered at the facility are consistent with the community level of care. The medical staff interviewee states that forensic examinations are completed at Delta Health Systems Northwest Regional Hospital where the community standard of medical care is established.

Pursuant to the PAQ, the Warden self reports that female offenders are housed at TCCF. The auditor's observations during the facility tour and female offender interview validates the Warden's assertion.

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

There is no evidence of sexual victimization of a female offender at TCCF during the last 12 months. Accordingly, the requisite interview was not conducted.

As noted in the SANE interview described in the narrative for 115.21(c), female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests as part of the forensic examination. Accordingly, the same are offered at the aforementioned hospital.

Pursuant to the PAQ, the Warden asserts that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

The policy citation reflected in the narrative for 115.83(d) above addresses 115.83(e).

The medical staff interviewee states that if pregnancy results from sexual abuse while incarcerated, victims are provided timely information and access to all lawful pregnancy-related services. Specifically, the same are offered at TCCF. Such information and access to services are provided upon return to the facility from the forensic examination.

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

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(10) addresses 115.83(f).

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

	<p>Pursuant to the PAQ, the Warden self reports that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 6, section B(16) addresses 115.82(g).</p> <p>A discussion regarding this 115.83(g) requirement is addressed in the narrative for 115.82(d).</p> <p>Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(17) addresses 115.83(h).</p> <p>The mental health staff interviewee states she does conduct a mental health evaluation of all known offender-on-offender sexual abusers and offers treatment, if appropriate. A full mental health evaluation is completed regarding each offender within 14 calendar days of arrival.</p> <p>Based on documentation included in OAS, timely and relevant mental health evaluations were completed with respect to three offenders referred for such evaluations.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.83.</p>
--	--

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports that in the last 12 months, one criminal and/or administrative investigation of alleged sexual abuse was completed at the facility. The auditor's review of that investigation reveals the same was determined to be</p>

administratively unfounded as the complainant recanted his allegation. Additionally, another sexual abuse investigation is incomplete as the same is being investigated by TPD. TPD investigators have not been able to locate the alleged perpetrator for an interview.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section P(1) addresses 115.86(a).

The auditor's review of seven random offender sexual abuse/harassment investigation files (investigations completed within the last 12 months) reveals that one active investigation may be applicable to 115.86 (sexual abuse allegations wherein the finding may be either substantiated or unsubstantiated). Given the circumstances as articulated above, the requisite sexual abuse incident review (SAIR) has not yet been completed.

The auditor notes that the victim in the remaining case was released from TCCF on February 24, 2023.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section P(3) addresses 115.86(b).

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

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section P(2) addresses 115.86(c).

The Warden asserts that a SAIR is utilized and available at TCCF. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

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

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

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

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

	<p>group dynamics at the facility;  Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;  Assess the adequacy of staffing levels in that area during different shifts;  Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and  Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>The Warden asserts that the SAIR team assesses issues noted above to make necessary changes, if required, and/or highlight positive performance. The mission of the SAIR team is to "enhance all things PREA" at TCCF.</p> <p>The PCM asserts that the SAIR team does prepare a report of the review proceedings encompassing the issues articulated above. He generates the reports and serves as a member of the SAIR. If there are recommendations, he follows through with the same or documents the basis for non-compliance.</p> <p>The SAIR team interviewee validated the issues addressed above as requisite review items.</p> <p>Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.86.</p>
--	--

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(1) addresses 115.87(a).</p> <p>The PCM asserts that an SSV was required for TCCF during the last 12 months.</p>

	<p>Pursuant to the auditor's review of the 2021 SSV-1A template, he has determined that the incident-based data collected is commensurate with the same.</p> <p>Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(3) addresses 115.87(b).</p> <p>The auditor's cursory review of PREA Annual Reports on the CC website for 2020 and 2021 reveals annual aggregation of incident-based sexual abuse data for TCCF.</p> <p>Pursuant to the PAQ, the Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(3) addresses 115.87(c).</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(2) addresses 115.87(d).</p> <p>The auditor has learned TCCF does not contract with any other private facilities for the confinement of any offenders designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not applicable to TCCF.</p> <p>Pursuant to the auditor's review of two 2021 SSV-1A documents, the auditor finds that TCCF has provided SSV data during the last 12 months.</p> <p>In view of the above, the auditor finds TCCF substantially compliant with 115.87.</p>
--	--

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:



Identifying problem areas;  
Taking corrective action on an ongoing basis; and  
Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(5 and 6) addresses 115.88(a).

The Agency Head interviewee advises CC accesses data from various sources on a daily, monthly, and annual basis. Incident data is provided daily to select Facility Support Center (FSC) staff in a Daily PREA Report. Monthly and annually, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with offender populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either the physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas.

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

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

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

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

Of note, the auditor observed the locked cabinets in the investigator's office throughout the on-site audit visit.

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

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

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

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

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

The auditor's review of the aforementioned 2020 and 2021 annual reports clearly reflects the CC Executive Vice President and Chief Operating Officer (COO) approves the report as the cover page bears his signature. The auditor verified the report(s), in question, are posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Executive Vice President and COO for final review and signature.

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency did not redact material from the aforementioned annual reports.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(7 ) addresses 115.88(d).

The auditor did not find any redacted material in the aforementioned annual reports.

In view of the above, the auditor finds TCCF substantially compliant with 115.88.

**115.89**

**Data storage, publication, and destruction**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(12) addresses 115.89(a).

It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a) above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.

In addition to the administrative investigator's statement regarding storage and retention of hard copies of investigations and associated documents, the interviewee states that electronic copies of the same documents are stored on a password protected secure network on his desktop. The auditor did observe the same during the on-site visit.

Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(9) addresses 115.89(b).

As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section T(8) addresses 115.89(c).

The auditor has found no instances wherein personal identifiers have been necessarily excised from subject reports.

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(11) addresses 115.89(d).

The auditor's cursory review of investigations maintained in the administrative investigative staff interviewee's file cabinet(s) reveals no deviation from 115.89(d).

The Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines. The auditor finds TCCF substantially compliant with 115.89(d).

In view of the above, the auditor finds TCCF substantially compliant with 115.89.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the auditor's cursory review of the CC website, he finds compliance with 115.401(a) unless contractual issues resulted in periods wherein facilities were not occupied.</p> <p>Pursuant to the auditor's cursory review of the CC website, he finds compliance with 115.401(b) unless contractual issues resulted in periods wherein facilities were not occupied. As he has facilitated PREA audits at numerous CC facilities, he is generally aware of when audits were conducted at those facilities he is currently auditing, as well as, those he has audited in the past.</p> <p>During the on-site visit at TCCF, the auditor was granted access to all areas of the facility. He did observe mechanical rooms, cleaning supply closets, staff and offender bathrooms, etc.</p> <p>The auditor was granted access to documentation, both paper and electronic, throughout the course of the audit. Staff were very prompt and facilitative in this regard.</p> <p>The auditor was granted offices throughout the facility wherein he conducted private interviews with offenders. Of note, none of the South Carolina offenders agreed to be interviewed. The auditor did make his presence known in the unit and all declined interviews. The auditor was advised that there is a heavy concentration of gang members within that unit.</p> <p>The auditor did not receive any correspondence from offenders regarding PREA matters at TCCF. Audit Notices were posted in a timely manner and offender interviewees did not voice any concerns regarding inability to correspond with the auditor.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The interim report will not be posted on the website however, the auditor will follow-up at such time as the final report is submitted.</p>

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a) Youthful inmates</b>		
	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
<b>115.14 (b) Youthful inmates</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
	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
<b>115.14 (c) Youthful inmates</b>		
	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
	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
	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
<b>115.15 (a) Limits to cross-gender viewing and searches</b>		
	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
<b>115.15 (b) Limits to cross-gender viewing and searches</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
	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	yes



	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</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
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes



	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate’s detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate’s health and safety, and whether a placement would	yes



	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</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
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	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
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes



<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes



	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes